### Case 16-30150 Doc 1 Filed 09/21/16 Entered 09/21/16 17:29:10 Desc Main Document Page 1 of 85

| Fill in this information to identify your case: |                               |  |  |  |  |
|---|-------------------------------|--|--|--|--|
| United States Bankruptcy Court for the:         |                               |  |  |  |  |
| Northern District of: Illinois (State)          |                               |  |  |  |  |
| Case number (if known)                          | Chapter you are filing under: |  |  |  |  |
|   | Chapter 7 Chapter 11          |  |  |  |  |
|   | Chapter 12 Chapter 13         |  |  |  |  |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

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The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself   |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Chivon                     |   |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued<br>picture identification (for<br>example, your driver's | Middle name  Adams         | Middle name                                   |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee.             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the  | First name                 | First name                                    |
|    | last 8 years  |                            |   |
|    | Include your married or maiden names.   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your  | XXX - XX- 4025             | xxx - xx-                                     |
|    | Social Security   | OR                         | OR  |
|    | number or federal<br>Individual Taxpayer<br>Identification<br>number (ITIN)     | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | ` ,   |                            |   |

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| De | ebtor 1 Chivon  | Adams   | Case number (if known)   |
|----|---|---|--|
|    | First Name  | Middle Name Last Name   |  |
|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                         | ✓ I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification<br>Numbers (EIN) you<br>have used in the | Business name   | Business name  |
|    | last 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names         | EIN   | EIN  |
|    |   | EIN   | EIN  |
| 5. | 5. Where you live                                       |   | If Debtor 2 lives at a different address:  |
|    |   | 1353 S. Blue Island APT E4  Number Street   | Number Street  |
|    |   | Chicago Illinois 60608  |  |
|    |   | City State Zip Code  Cook   | City State Zip Code  |
|    |   | County  | County   |
|    |   | •   |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number Street   | Number Street  |
|    |   |   |  |
|    |   | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this                               | Check one:  | Check one:   |
|    | district to file for bankruptcy                         | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |   |   |  |
|    |   |   |  |
|    |   |   |  |
|    |   |   |  |
|    |   |   |  |

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|  | irst Name   | Middle Name Last Name  |
|--|---|--|
|  |   | t Your Bankruptcy Case   |
| Bankr  | hapter of the<br>ruptcy Code<br>re choosing to<br>nder  | heck one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7 Chapter 11 Chapter 12 Chapter 13   |
| 8. How y   | ou will pay<br>e  | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |
| bankr  | you filed for<br>uptcy within<br>st 8 years?  | Yes. District  |
| cases<br>being<br>spous<br>filing<br>you, c<br>busin | ny bankruptcy pending or filed by a se who is not this case with or by a ess partner, or affiliate? | Yes. Debtor Relationship to you  District When Case number, if known  Debtor Relationship to you  District When Case number, if known  MM / DD / YYYY  |
| 11. Do yo<br>reside                                  | u rent your<br>ence?  | <ul> <li>No. Go to line 12.</li> <li>Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</li> <li>✓ No. Go to line 12.</li> <li>Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</li> </ul>  |

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| Debtor 1 Chivon   |        |                    |  | Adams  | Case number (if known)   |  |            |
|---|--------|--------------------|--|--|--|--|------------|
| First Name  | _      |                    |  | Last Name  |  |  |            |
| Part 3: Report About Any  | y Bus  | inesse             | es You Own as a S  | Sole Proprietor  |  |  |            |
| 12. Are you a sole proprietor of any full- or part-time business?  A sole proprietorship  |        | No.<br>Yes.        | Go to Part 4.  Name and location of b  Name of business, if ar |  |  |  | _          |
| is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  |        |                    | Number   | Street   |  |  | _<br>      |
| If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.   |        |                    | Single Asset Re Stockbroker (as                                | box to describe your<br>siness (as defined in<br>eal Estate (as defined<br>defined in 11 U.S.C.<br>ker (as defined in 11 | 11 U.S.C. § 101(27A))<br>d in 11 U.S.C. § 101(51B))<br>§ 101(53A)) | Zip Code   |            |
| 13. Are you filing under  Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set ap deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stately operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the public business debtor? |        |                    |  |  | t recent balance sheet, stateme                                    | ent of   |            |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D).  |        | No.<br>No.<br>Yes. | Bankruptcy Code.   | er 11, but I am NOT  | a small business debtor acco                                       | ording to the definition in the to the definition in the Bankrup | vtcy Code. |
| Part 4: Report if You Ow  | n or l | Have A             | Any Hazardous Pro  | perty or Any P   | roperty That Needs In  | nmediate Attention   |            |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and   | ✓      |                    | What is the hazard?  |  |  |  |            |
| identifiable hazard<br>to public health or<br>safety? Or do you   |        |                    | If immediate attention is r                                    | needed, why is it need   | aea?   |  |            |
| own any property that needs immediate attention?  |        | · ·                | Where is the property?   | Number   | Street   |  |            |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |        |                    |  | City   | State  | Zip Code   |            |

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Debtor 1 Chivon Adams Case number (if known)

#### First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

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| Debtor 1 Chivon   |  | Adams Case number (if k  | nown)   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| Part 6: Answer These Qu   | Middle Name Luestions for Reporting Purpos   | ast Name   |   |  |  |  |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. §  101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts. |  |   |  |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be availa  No.  Yes.  |  | ty is excluded and administrative expenses are  |  |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |  |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |  |
| Part 7: Sign Below  For you   | and correct.  If I have chosen to file under C 11,12, or 13 of title 11, United choose to proceed under Chap If no attorney represents me a me fill out this document, I hav I request relief in accordance of I understand making a false state.  | Chapter 7, I am aware that I may proceed the steep of the | States Code, specified in this petition. btaining money or property by fraud in                             |  |  |  |  |

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| Debtor 1 Chivon  |  | Adams   | Case number (i   | if known)   |
|--|--|---|--|---|
| First Name   | Middle Name  | Last Name   |  |   |
| For your attorney, if you are represented by one  If you are not represented by an | eligibility to proceed und<br>the relief available unde<br>to the debtor(s) the notice | der Chapter 7, 11, 12, der each chapter for whice required by 11 U.S. | or 13 of title 11, Up<br>ch the person is e<br>C. § 342(b) and, in | nat I have informed the debtor(s) about nited States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the |
| attorney, you do not need to file this page.                                       | /s/ Chris Pryor Signature of Attorney for Chris Pryor                                  | or Debtor   | Date   | 9/21/2016<br>MM / DD / YYYY   |
|  | Printed name  Semrad Law Firm  Firm name   |   |  |   |
|  | 11101 S. Western Avenu<br>Street   | ue  |  |   |
|  | Chicago<br>City  |   | linois<br>itate  | 60643<br>Zip Code   |
|  | Contact phone  |   | Email address  | cpryor@semradlaw.com  |
|  | Bar number   |   | State  | <u> </u>  |

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| Fill in this information to identify your case: |                          |             |                              |  |  |  |  |
|---|--------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Chivon                   | Chivon      |                              |  |  |  |  |
|   | First Name               | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                          |             |                              |  |  |  |  |
| (Spouse, if filing                              | First Name               | Middle Name | Last Name                    |  |  |  |  |
| United States B                                 | ankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number<br>(If known)                       |                          |             | (Giaic)                      |  |  |  |  |

| Check if this is ar |
|---------------------|
| amended filing      |

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### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |   |
|--|---|
|  | <b>Your assets</b><br>Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$9,050.00                                  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$9,050.00                                  |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe          |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$13,358.00                                 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$66,678.18                                 |
| Your total liabilities   | \$80,036.18                                 |
| Part 3: Summarize Your Income and Expenses   |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$2,049.71                                  |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J   | \$1,849.00                                  |
|  |   |

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| Debt         | tor 1 Chivon  |   | Adams   | Case number (if known)   |            |  |  |  |  |  |
|--------------|---|---|---|--|------------|--|--|--|--|--|
|              | First Name  | Middle Name   | Last Name   |  |            |  |  |  |  |  |
| Part 4       | 4: Answer These Qu  | lestions for Administ                                   | rative and Statistical Red  | cords  |            |  |  |  |  |  |
| 6. <b>Ar</b> | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? |   |   |  |            |  |  |  |  |  |
|              | No. You have nothing to                                       | report on this part of the form                         | a. Check this box and submit this                                   | form to the court with your other schedules                    | S.         |  |  |  |  |  |
| Ŀ            | ✓ Yes.  |   |   |  |            |  |  |  |  |  |
| 7. <b>W</b>  | hat kind of debt do you l                                     | nave?   |   |  |            |  |  |  |  |  |
|              | -   | -   | mer debts are those incurred by out lines 8-10 for statistical purp | an individual primarily for a personal, oses. 28 U.S.C. § 159. |            |  |  |  |  |  |
|              | Your debts are not print this form to the court with          | -   | u have nothing to report on this p                                  | art of the form. Check this box and submit                     |            |  |  |  |  |  |
|              |   | our Current Monthly Incon<br>orm 122B Line 11; OR, Form | <b>ne:</b> Copy your total current month<br>n 122C-1 Line 14.       | nly income from Official                                       | \$1,950.24 |  |  |  |  |  |
| 9.           | Copy the following speci                                      | ial categories of claims fro                            | om Part 4, line 6 of Schedule E                                     | /F:  |            |  |  |  |  |  |
|              | From Part 4 on Schedule                                       | E/F, copy the following:                                |   | Total claim  |            |  |  |  |  |  |
|              | 9a. Domestic support oblig                                    | ations (Copy line 6a.)                                  |   | \$0.00   |            |  |  |  |  |  |
|              | 9b. Taxes and certain other                                   | debts you owe the governme                              | ent. (Copy line 6b.)  | \$0.00   |            |  |  |  |  |  |
|              | 9c. Claims for death or pers                                  | sonal injury while you were in                          | ntoxicated. (Copy line 6c.)   | \$0.00   |            |  |  |  |  |  |
|              | 9d. Student loans. (Copy lin                                  |   |   |  |            |  |  |  |  |  |
|              | 0   |   | r divorce that you did not report a                                 | \$0.00   |            |  |  |  |  |  |
|              | of Debts to pension or pro                                    | og.)<br>fit-sharing plans, and other s                  | similar dehts (Conviling 6h )                                       | \$0.00   |            |  |  |  |  |  |
|              | or. Debie to periolori or pro                                 | in-silaning plans, and other s                          | irmai acots. (Copy ime on.)   |  |            |  |  |  |  |  |

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| Fill in this                                  | s information to identify your ca   | se:   |                                    |   |   |   |
|---|---|---|------------------------------------|---|---|---|
| Debtor 1                                      | Chivon  |   |                                    | Adams   |   |   |
|   | First Name  | Middle Na   | ame                                | Last Name   |   |   |
| Debtor 2<br>(Spouse,                          | if filing) First Name   | Middle Na   | ame                                | Last Name   |   |   |
| United S                                      | tates Bankruptcy Court for the:   | Northern  |                                    | District of Illinois  |   |   |
| Case nur                                      | mber  |   |                                    | (State)   |   |   |
| (If known)                                    |   |   |                                    | _   |   |   |
| Officia                                       | al Form 106A/B  |   |                                    |   |   | Check if this is an amended filing  |
| Sche  | dule A/B: Prop  | erty  |                                    |   |   | 12/1  |
| category<br>responsil<br>write you<br>Part 1: | where you think it fits best. ble for supplying correct infor name and case number (if I Describe Each Reside ou own or have any legal or e | Be as complete and<br>ormation. If more sp<br>known). Answer eve<br>ence, Building, L | accurate pace is nery quest and, o | only once. If an asset fits in more than e as possible. If two married people ar seeded, attach a separate sheet to this ion.  Or Other Real Estate You Own of dence, building, land, or similar proper | e filing together, both are form. On the top of any a                     | equally<br>dditional pages,   |
|   | No. Go to Part 2  Yes. Where is the property?   |   |                                    |   |   |   |
| 1.1   | Street address, if available, of  | or other description  | Sing Dup                           | the property? Check all that apply. lle-family home lex or multi-unit building dominium or cooperative  | the amount of any secure  | laims or exemptions. Put ad claims on Schedule D: nims Secured by Property.  Current value of the |
|   | Number Street   | 7in Code  | Man Lanc                           | ufactured or mobile home I stment property eshare   | Describe the nature of interest (such as fee si the entireties, or a life | mple, tenancy by  |
|   | City State  | Zip Code  | Who ha one.  Debi                  | tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors and another  | Check if this is co<br>(see instructions)                                 | mmunity property  |
|   |   |   | Other in                           | formation you wish to add about this y identification number:   | item, such as local   |   |
| If you  | own or have more than one, lis  |   | What is                            | the property? Check all that apply. le-family home  | the amount of any secure  | laims or exemptions. Put<br>ed claims on Schedule D:<br>nims Secured by Property.                 |
|   | ——————————————————————————————————————  | or other description  | Con                                | lex or multi-unit building<br>dominium or cooperative<br>ufactured or mobile home   | Current value of the entire property?                                     | Current value of the portion you own?   |
|   | Number Street  City State   | Zip Code  | Inve                               | stment property<br>eshare   | Describe the nature of interest (such as fee si the entireties, or a life | mple, tenancy by  |
|   |   |   | one.                               | as an interest in the property? Check   | Check if this is con (see instructions)                                   |   |
|   |   |   |                                    | tor 2 only  |   |   |
|   |   |   | Debt                               | tor 1 and Debtor 2 only   |   |   |

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

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| Debtor 1                       | Chivon<br>First Name  | Middle Name                                 | Adams C  | ase number | (if known)   |  |
|--------------------------------|---|---|--|------------|--|--|
| 1.3<br>Stre                    | et address, if available, or oth                                | [   | What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                             |            | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Cla<br>Current value of the<br>entire property? | ·  |
| Nun<br>City                    | ober Street State   | Zip Code                                    | Land Investment property Timeshare Other   |            | Describe the nature of interest (such as fee sinthe entireties, or a life  | mple, tenancy by                                   |
|                                |   | ]<br>]<br>]                                 | Who has an interest in the property? Ch Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about |            | Check if this is con (see instructions)  such as local   | nmunity property                                   |
|                                |   | tion you own for a                          | property identification number:  all of your entries from Part 1, including re   |            |  |  |
| <b>Do you ov</b><br>you own th | at someone else drives. If youns, trucks, tractors, sport utili | quitable interest i<br>lease a vehicle, als | in any vehicles, whether they are register<br>so report it on Schedule G: Executory Contra<br>ycles  |            |  |  |
| 3.1                            | Make<br>Model:<br>Year:   | Hyundai<br>Sonata<br>2015                   | Who has an interest in the property one.  Debtor 1 only  | ? Check    | Do not deduct secured of<br>the amount of any secure<br>Creditors Who Have Cla   | •  |
|                                | Approximate mileage: Other information:                         | 30000                                       | Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and anoth Check if this is community proper instructions)  |            | Current value of the entire property? \$16850.00   | Current value of the portion you own?<br>\$8425.00 |
| 3.2                            | Make<br>Model:<br>Year:<br>Approximate mileage:                 |   | Who has an interest in the property one.  Debtor 1 only Debtor 2 only  | ? Check    | Do not deduct secured of<br>the amount of any secure<br>Creditors Who Have Cla<br>Current value of the                     | •  |
|                                | Other information:  |   | Debtor 1 and Debtor 2 only  At least one of the debtors and anoth  Check if this is community proper instructions)   |            | entire property?   | portion you own?                                   |

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| Sign Name   Model:   Who has an interest in the property? Check one   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Current value of the entire property?   Debtor 1 and Debtor 2 only   Debtor 1    | Debtor 1 |                       | Adams Case number                          | r (if known)            |                            |
|--|----------|-----------------------|--|-------------------------|----------------------------|
| Model: Year: Approximate mileage: Debtor 1 and Debtor 2 only Other information: Debtor 3 and Debtor 2 only Other information: Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only At least one of the debtors and another Debtor 1 only Debtor 1 only Approximate mileage: Debtor 2 only Other information:  Who has an interest in the property? Check one instructions  Approximate mileage: Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1  |          |                       |  |                         |                            |
| Year: Approximate mileage: Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 4 and Debtor 4 and Debtor 5 and Debtor 4 and Debtor 5 and Debtor 4 and Debtor 5 and Debtor 5 and Debtor 4 and Debtor 5 and Debtor 6 and Debtor 5 and Debtor 6 and Debtor 6 and Debtor 5 and Debtor 6 and  | 3.3      |                       |  |                         | •                          |
| Approximate mileage:   |          |                       |  | •                       |                            |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another Check if this is community property (see instructions)  At least one of the debtors and another Check if this is community property (see instructions)  Debtor 1 only Approximate mileage:  Debtor 2 only  Debtor 2 only Debtor 2 only  Approximate mileage: Debtor 2 only Debtor 1 only Approximate mileage: Debtor 2 only Debtor 1 only Approximate mileage: Debtor 2 only Debtor 1 only Debtor 1 only Al least one of the debtors and another Check if this is community property (see instructions)  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured by Property.  Current value of the entire property?  Do not deduct secured claims or exemptions. Put the amount of any secured by Property.  Current value of the entire property?  Debtor 1 only Creditions Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the entire property?  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the am |          |                       |  | Creditors Write Flave C | laims Secured by Froperty. |
| At least one of the debtors and another   Check if this is community property (see instructions)   |          | , pproximate mileage. | <u> </u>                                   |                         |                            |
| Check if this is community property (see instructions)   |          | Other information:    | Debtor 1 and Debtor 2 only                 | entire property?        | portion you own?           |
| instructions)  Who has an interest in the property? Check one.  Year:   Debtor 1 only   Debtor 2 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 8 only   Debtor 9 only   Debtor |          |                       | At least one of the debtors and another    |                         |                            |
| Model: Year:   |          |                       |  |                         |                            |
| Year: Approximate mileage: Other information: Debtor 1 and Debtor 2 only Other information: Debtor 1 and Debtor 2 only At least one of the debtors and another Current value of the entire property?  At least one of the debtors and another Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one. Year: Approximate mileage: Other information:  Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only Cirrent value of the entire property? Current value of the entire property? Current value of the entire property? Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property? Current value of the entire property? Debtor 1 and Debtor 2 only Current value of the entire property?   | 3.4      | Make                  | Who has an interest in the property? Check | Do not deduct secured   | claims or exemptions. Put  |
| Approximate mileage:   |          | Model:                | one.                                       | the amount of any secu  | red claims on Schedule D:  |
| Other information:  Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Yes  4.1 Make Model: Year: Approximate mileage: Other information:  Who has an interest in the property? Check one. At least one of the debtors and another Current value of the portion you own?  Do not deduct secured claims or exemptions. Put the amount of any secured claims or Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property? Check one. At least one of the debtors and another Check if this is community property (see instructions)  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amoun |          | Year:                 | Debtor 1 only                              | Creditors Who Have C    | laims Secured by Property. |
| Other information:  Debtor 1 and Debtor 2 only At least one of the debtors and another Instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal vesicles, and accessories  Examples: Boats, trailers, motors, personal vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal vessels, personal vessels, personal accessories  Examples: Boats, trailers, motors, personal vessels, personal accessories  Examples: Boats, trailers, motors, personal vessel |          | Approximate mileage:  | Debtor 2 only                              | Current value of the    | Current value of the       |
| Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories   Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories   No   |          | Other information:    | Debtor 1 and Debtor 2 only                 |                         |                            |
| instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Yes  4.1 Make Model: Year: Approximate mileage: Other information:  Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Other information: Debtor 1 only Approximate mileage: Do not deduct secured claims or exemptions. Put the amount of any secured by Property.  Current value of the entire property? Current value of the entire property?  Current value of the entire property? Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Current value of the entire property?  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Approximate mileage: Debtor 1 only Other information: Debtor 1 and Debtor 2 only Debtor 2 only Current value of the entire property?  |          |                       | At least one of the debtors and another    |                         | <del></del>                |
| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  V No  Yes  4.1 Make Model: Year: Approximate mileage: Other information:  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Current value of the entire property? Current value of the portion you own?  Do not deduct secured claims or exemptions. Put the amount of any secured by Property. Current value of the entire property?  Current value of the portion you own?  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured daims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount |          |                       |  |                         |                            |
| Year: Approximate mileage: Debtor 2 only Other information: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Year: Approximate mileage: Debtor 1 only Who has an interest in the property? Check one. Approximate mileage: Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Other information:  Debtor 1 only Debtor 2 only Debtor 2 only Current value of the entire property? Creditors Who Have Claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property?  | 4.1      |                       |  |                         |                            |
| Approximate mileage:  Other information:  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  At least one of the property? Check one.  Year: Approximate mileage:  Other information:  Debtor 1 only Approximate mileage:  Debtor 2 only  Current value of the portion you own?  Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property.  Current value of the portion you own?  Current value of the entire property?  Current value of the entire property?  Debtor 1 only  Current value of the entire property?  Current value of the portion you own?  Current value of the entire property?  Current value of the portion you own?  |          |                       |  |                         |                            |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Year: Approximate mileage: Other information:  Debtor 1 and Debtor 2 only  Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?   |          |                       | Debtor 1 only                              | Creditors Who Have C    | laims Secured by Property. |
| At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Year: Debtor 1 only Approximate mileage: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  At least one of the debtors and another Check if this is community property (see  |          | Approximate mileage.  | Debtor 2 only                              | Current value of the    | Current value of the       |
| Check if this is community property (see instructions)  4.2 Make  Model:  Year:  Approximate mileage:  Other information:  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?  At least one of the debtors and another  Check if this is community property (see   |          | Other information:    | Debtor 1 and Debtor 2 only                 | entire property?        | portion you own?           |
| instructions)  4.2 Make  Model: Year: Approximate mileage:  Other information:  instructions)  Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?  At least one of the debtors and another Check if this is community property (see  |          |                       | At least one of the debtors and another    |                         |                            |
| Model: Year: Approximate mileage: Debtor 1 only Debtor 2 only Other information: Debtor 2 only At least one of the debtors and another Check if this is community property (see  |          |                       |  |                         |                            |
| Year: Approximate mileage: Debtor 1 only Debtor 2 only Other information: Debtor 2 only At least one of the debtors and another Check if this is community property (see   | 4.2      | Make                  | Who has an interest in the property? Check | Do not deduct secured   | claims or exemptions. Put  |
| Approximate mileage:  Debtor 2 only  Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Current value of the entire property?  portion you own?  Check if this is community property (see  |          | Model:                | one.                                       | the amount of any secu  | red claims on Schedule D:  |
| Other information:  Debtor 2 only  Current value of the entire property?  At least one of the debtors and another  Check if this is community property (see  |          |                       | Debtor 1 only                              | Creditors Who Have C    | laims Secured by Property. |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see  |          | Approximate mileage:  | Debtor 2 only                              | Current value of the    | Current value of the       |
| Check if this is community property (see   |          | Other information:    | Debtor 1 and Debtor 2 only                 |                         |                            |
|  |          |                       | At least one of the debtors and another    |                         |                            |
|  |          |                       |  |                         |                            |
|  |          |                       |  |                         |                            |
| 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages  |          | •                     | ere  |                         | 425.00                     |

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| D                       | ebtor 1           |                 |  |                        |                 | Adams                | C                | Case number (if known) |  |  |
|-------------------------|-------------------|-----------------|--|------------------------|-----------------|----------------------|------------------|------------------------|--|--|
|                         |                   | First Name      |  | Middle Name            |                 | Last Name            |                  |                        |  |  |
|                         | art 3:<br>Oo you  |                 | our Personal   |                        |                 |                      | following        | items?                 | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |
|                         |                   |                 |  |                        |                 |                      |                  |                        | or oxompaone.  |  |
| •                       |                   |                 | and furnishings  |                        | honworo         |                      |                  |                        |  |  |
|                         |                   | леѕ. мајог арр  | liances, furniture, l  | irieris, criiria, kito | rienware        |                      |                  |                        |  |  |
|                         | No                |                 |  |                        |                 |                      |                  |                        |  |  |
| $\overline{\mathbf{V}}$ | Yes. [            | Describe        | Goods and furnitu  | re                     |                 |                      |                  |                        | \$300.00   |  |
| ;                       | 7. Elect<br>Examp |                 | s and radios; audio  | o, video, stereo, a    | and digital equ | uipment; compute     | ers, printers,   | scanners; music        |  |  |
| H                       | 4                 |                 |  |                        |                 |                      |                  |                        |  |  |
| ⊻                       | Yes. I            | Describe        | Used electronics   |                        |                 |                      |                  |                        | \$150.00   |  |
| ₹<br>✓                  | Examp<br>No       | •               | ue<br>and figurines; paint<br>in, or baseball care           | • .                    |                 | •                    |                  | bjects;                |  |  |
|                         |                   |                 |  |                        |                 |                      |                  |                        |  |  |
| √<br>-                  | -                 | les: Sports, ph | orts and hobbies<br>notographic, exercises; carpentry tools; | se, and other hob      |                 | nt; bicycles, pool t | tables, golf cli | ubs, skis; canoes      |  |  |
| Г                       | Yes. [            | Describe        |  |                        |                 |                      |                  |                        |  |  |
|                         | No                |                 | les, shotguns, amn   | nunition, and rela     | ated equipmer   | nt                   |                  |                        |  |  |
| <b>✓</b>                | No                | oles: Everyday  | clothes, furs, leath   | er coats, designe      | er wear, shoes  | s, accessories       |                  |                        |  |  |
|                         | Yes. [            | Describe        |  |                        |                 |                      |                  |                        |  |  |
| ,                       | 12. Jew<br>Examp  | •               | ewelry, costume jever  | welry, engageme        | ent rings, wed  | ding rings, heirlo   | oom jewelry, v   | watches, gems,         |  |  |
| H                       | 4                 | - "             |  |                        |                 |                      |                  |                        |  |  |
|                         | 13. Nor<br>Examp  | n-farm animal   | Miscellaneous jev s s, birds, horses                         | velry                  |                 |                      |                  |                        | \$100.00   |  |
| ✓                       | No                |                 |  |                        |                 |                      |                  |                        |  |  |
|                         | Yes. [            | Describe        |  |                        |                 |                      |                  |                        |  |  |
| •                       | 14. Any           | other person    | nal and househole  | d items you did        | not already     | list, including a    | any health ai    | ids you did not list   |  |  |
| <u></u>                 | No                | Describe        |  | -                      |                 |                      | -                | -                      |  |  |
| Н                       | 162.1             | 769011DE        |  |                        |                 |                      |                  |                        |  |  |
| .                       | 15 Ada            | l the dollar va | lue of all of your   | antrias from Do        | art 3 includir  | na any entries f     | for nades vo     | u have attached        |  |  |
|                         |                   |                 | number here  |                        |                 |                      |                  |                        | \$550.00   |  |

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| Den  | CHIVOH                                    | A Colollo A Louro   | Audiis                        | Case number (ii known)                |  |
|------|---|---|-------------------------------|---------------------------------------|--|
| Part | First Name                                | Middle Name Financial Assets  | Last Name                     |                                       |  |
|      |   | any legal or equitable int  | terest in any of the fol      | lowing?                               | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|      | Cash<br>Examples: Money you ha            | ve in your wallet, in your home, in a   | safe deposit box, and on hand | when you file your petition           |  |
|      | ✓ Yes                                     |   |                               | Cash:                                 | \$75.00  |
| 17.  | Examples: Checking, s                     | savings, or other financial accounts<br>nstitutions. If you have multiple acc |                               | s in credit unions, brokerage houses, |  |
|      | <b>✓</b> Yes                              |   | institution name.             |                                       |  |
|      |   | 17.1. Checking account:   | MB Financial                  |                                       | \$0.00   |
|      |   | 17.2. Checking account:   |                               |                                       |  |
|      |   | 17.3. Savings account:  |                               |                                       |  |
|      |   | 17.4. Savings account:  | ·                             |                                       |  |
|      |   | 17.5. Certificates of deposit:  |                               |                                       |  |
|      |   | 17.6. Other financial account:  |                               |                                       |  |
|      |   | 17.7. Other financial account:  | -                             |                                       |  |
|      |   | 17.8. Other financial account:  | -                             |                                       | -  |
|      |   | 17.9. Other financial account:  | -                             |                                       |  |
| 18.  |   | s, or publicly traded stocks<br>investment accounts with brokerage            | na firms money market accoun  | te                                    | -  |
|      | No No                                     | invosurioni accodinio with brokerag   | ge iiimo, money mainet accour |                                       |  |
|      | Yes                                       | Institution or issuer name:   |                               |                                       |  |
|      |   |   |                               |                                       |  |
|      |   |   |                               |                                       |  |
| 19.  | Non-publicly traded an LLC, partnership,  |   | ated and unincorporated bu    | isinesses, including an interest in   | -  |
|      | Yes. Give specific information about them | Name of entity  |                               | % of ownership:                       |  |
|      |   |   |                               |                                       |  |
|      |   |   |                               |                                       |  |

Official Form 106A/B Schedule A/B: Property page 5

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| Deb | tor 1      | Chivon                                    |   | Adams                                 | Case number (if known)          |  |
|-----|------------|---|---|---------------------------------------|---------------------------------|--|
|     |            | First Name                                | Middle Name   | Last Name                             |                                 |  |
| 20. | Neg<br>Nor | jotiable instruments ir                   | orate bonds and other negotial national national checks, cashiers on the are those you cannot transfer to | checks, promissory notes, and mo      | oney orders.                    |  |
|     |            | Yes. Give specific information about them | Issuer name:  |                                       |                                 |  |
|     |            |   |   |                                       |                                 |  |
| 21. | Ret        | irement or pension                        | accounts  |                                       |                                 |  |
|     | Exa        | mples: Interests in IR<br>No              | RA, ERISA, Keogh, 401(k), 403(b),   | thrift savings accounts, or other p   | pension or profit-sharing plans |  |
|     |            | Yes. List each                            | Type of account:  | Institution name:                     |                                 |  |
|     |            | account separately.                       | 401(k) or similar plan:   |                                       |                                 |  |
|     |            | . ,                                       | Pension plan:   |                                       |                                 |  |
|     |            |   | IRA:  |                                       |                                 |  |
|     |            |   | Retirement account:   |                                       |                                 |  |
|     |            |   | Keogh:  |                                       |                                 |  |
|     |            |   | Additional account:   |                                       |                                 |  |
|     |            |   | Additional account:   |                                       |                                 |  |
| 22. | You<br>Exa |   | orepayments<br>deposits you have made so that you<br>with landlords, prepaid rent, public                 |                                       |                                 |  |
|     | <b>✓</b>   | No  |   | Institution name:                     |                                 |  |
|     | Ш          | Yes                                       | Electric:   |                                       |                                 |  |
|     |            |   | Gas:  |                                       |                                 |  |
|     |            |   | Heating oil:  |                                       |                                 |  |
|     |            |   | Security deposit on rental unit:  |                                       |                                 |  |
|     |            |   | Prepaid rent:   |                                       |                                 |  |
|     |            |   | Telephone:  |                                       |                                 |  |
|     |            |   | Water:  |                                       |                                 |  |
|     |            |   | Rented furniture:   |                                       |                                 |  |
|     |            |   | Other:  |                                       |                                 |  |
| 23. | _          | •   | r a periodic payment of money to ye   | ou, either for life or for a number o | fyears)                         |  |
|     |            | No<br>Yes                                 | Issuer name and description:  |                                       |                                 |  |
|     |            |   |   |                                       |                                 |  |
|     |            |   |   |                                       |                                 |  |

Official Form 106A/B Schedule A/B: Property page 6

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| Debt | or 1 Chivon First Name  | Middle 1   | Name                   | Adams<br>Last Name                                | Case number (if known)   |  |
|------|---|--|------------------------|---|--|--|
| 24.  | Interests in an ed  |  | ount in a qualified    |   | er a qualified state tuition program   |  |
|      | <b>√</b> No   |  |                        | e records of any interests                        | s.11 U.S.C. § 521(c):  |  |
|      |   |  |                        |   |  |  |
| 25.  |   |  | roperty (other than    | anything listed in line                           | 1), and rights or powers   |  |
|      | exercisable for yo  |  |                        |   |  | _  |
|      | Yes. Describe.  |  |                        |   |  |  |
| 26.  |   | ts, trademarks, trade s<br>domain names, websites  |                        | ntellectual property<br>Ities and licensing agree | ments  |  |
|      | ✓ No  Yes. Describe.  |  |                        |   |  | 7  |
|      |   |  |                        |   |  |  |
| 27.  |   | ses, and other general<br>permits, exclusive licens  |                        | ociation holdings, liquor                         | icenses, professional licenses   |  |
|      | ✓ No  Yes. Describe.  |  |                        |   |  |  |
|      |   |  |                        |   |  |  |
|      |   | _  |                        |   |  |  |
| Моі  | ney or property   | owed to you?   |                        |   |  | Current value of the portion you own? Do not deduct secured claims or exemptions.                                    |
|      | Tax refunds owed  | ·  |                        |   |  | portion you own? Do not deduct secured   |
|      | Tax refunds owed  | to you   |                        |   | Federal:   | portion you own? Do not deduct secured   |
|      | Tax refunds owed  No Yes. Give speciabout ther you alread   | to you fic information n, including whether ly filed the returns   |                        |   | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.  | Tax refunds owed  No Yes. Give speci about ther you alread and the tax  | to you<br>fic information<br>n, including whether  |                        |   |  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  |
|      | Tax refunds owed  No Yes. Give speci about ther you alread and the tax  Family support Examples: Past due   | to you  fic information  n, including whether  ly filed the returns  x years   | ousal support, child s | upport, maintenance, dive                         | State:   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owed  ✓ No  Yes. Give speciabout ther you alread and the tax  Family support  Examples: Past due  ✓ No  | to you  fic information  n, including whether  ly filed the returns  x years   | ousal support, child s | upport, maintenance, dive                         | State: Local:  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owed  ✓ No  Yes. Give speciabout ther you alread and the tax  Family support  Examples: Past due  ✓ No  | to you  fic information n, including whether ly filed the returns x years  | ousal support, child s | upport, maintenance, div                          | State: Local:  Drice settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                 |
| 28.  | Tax refunds owed  ✓ No  Yes. Give speciabout ther you alread and the tax  Family support  Examples: Past due  ✓ No  | to you  fic information n, including whether ly filed the returns x years  | ousal support, child s | upport, maintenance, div                          | State: Local:  Droce settlement, property settlement  Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00                         |
| 28.  | Tax refunds owed  ✓ No  Yes. Give speciabout ther you alread and the tax  Family support  Examples: Past due  ✓ No  | to you  fic information n, including whether ly filed the returns x years  | ousal support, child s | upport, maintenance, div                          | State: Local:  Drice settlement, property settlement  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00                            |
| 28.  | Tax refunds owed   ✓ No  Yes. Give speciabout ther you alread and the tax  Family support Examples: Past due  ✓ No  Yes. Give speci   | to you  fic information n, including whether ly filed the returns x years  or lump sum alimony, specific information | ousal support, child s | upport, maintenance, div                          | State: Local:  Drice settlement, property settlement  Alimony: Maintenance: Support:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00 |
| 28.  | Tax refunds owed :  ✓ No  Yes. Give speciabout ther you alread and the tax  Family support  Examples: Past due  ✓ No  Yes. Give special  Other amounts sort  Examples: Unpaid w | to you  fic information n, including whether ly filed the returns x years  or lump sum alimony, specific information | e payments, disability | v benefits, sick pay, vacati                      | State: Local:  Drice settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement:                     | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds owed :  ✓ No  Yes. Give speciabout ther you alread and the tax  Family support  Examples: Past due  ✓ No  Yes. Give special  Other amounts sort  Examples: Unpaid w | fic information n, including whether ly filed the returns x years or lump sum alimony, spo fic information           | e payments, disability | v benefits, sick pay, vacati                      | State: Local:  Orce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |

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| Deb  | tor 1 Chivon   | Adams                                  | Case number (if known)                          |  |
|------|--|--|---|--|
|      | First Name Middle Name   | Last Name                              |   |  |
| 31.  | Interests in insurance policies  Examples: Health, disability, or life insurance; health, disability, disabilit | alth savings account (HSA); credit, ho | meowner's, or renter's insurance                |  |
|      | ✓ No  Yes. Name the insurance company of each policy and list its value  | Company name:                          | Beneficiary:                                    | Surrender or refund value:   |
| 32.  | Any interest in property that is due you from If you are the beneficiary of a living trust, expect p property because someone has died.  No Yes. Describe  |  | r are currently entitled to receive             |  |
| 33.  | Claims against third parties, whether or not y  Examples: Accidents, employment disputes, insu  No  Yes. Describe  |  | demand for payment                              |  |
| 34.  | Other contingent and unliquidated claims of to set off claims  No Yes. Describe  | every nature, including counterc       | aims of the debtor and rights                   |  |
| 35.  | Any financial assets you did not already list  No Yes. Describe  |  |   |  |
| 36.  | Add the dollar value of all of your entries from for Part 4. Write that number here  |  |   | \$75.00  |
| Part |  |  |   | n Part 1.  |
| 37.  | Do you own or have any legal or equitable int  | erest in any business-related prop     | erty?   |  |
|      | No. Go to Part 6. Yes. Go to line 38.  |  | pe<br>Di  | urrent value of the ortion you own? o not deduct secured claims exemptions |
| 38.  | Accounts receivable or commissions you alre  | ady earned                             |   |  |
|      | ✓ No  Yes. Describe  |  |   |  |
| 39.  | Office equipment, furnishings, and supplies Examples: Business-related computers, software   | , modems, printers, copiers, fax mach  | ines, rugs, telephones, desks, chairs, electror | nic devices  |
|      | Yes. Describe  |  |   |  |

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| Deb          | tor 1    | Chivon  | •          | Adams   | Case number (if known)           |                                       |
|--------------|----------|---|--|---|----------------------------------|---------------------------------------|
| 40.          | Mac      | First Name                                      | Middle Name<br>Juipment, supplies vou I          | Last Name<br>use in business, and tools of yo | our trade                        |                                       |
| .5.          | _        | No  | impilioni, cappiloo you (                        |   |                                  |                                       |
|              |          | Yes. Describe                                   |  |   |                                  |                                       |
|              | _        |   |  |   |                                  |                                       |
| 41.          | Inve     | entory  |  |   |                                  |                                       |
|              | _        | No  |  |   |                                  |                                       |
|              | Ħ        | Yes. Describe                                   |  |   |                                  |                                       |
|              | _        |   |  |   |                                  |                                       |
| 42.          | Inte     | rests in partnersh                              | ips or joint ventures                            |   |                                  |                                       |
|              |          | No  |  |   |                                  |                                       |
|              | _        | Yes. Give specific                              |  | Name of entity:                               | % of ownership:                  |                                       |
|              |          | information about                               |  |   |                                  | _                                     |
|              |          | them  |  |   |                                  | _                                     |
|              |          |   |  |   |                                  |                                       |
| 43. <b>(</b> | Custo    | omer lists, mailing                             | lists, or other compilati                        | ons   |                                  |                                       |
|              | <b>✓</b> | No  |  |   |                                  |                                       |
|              |          | Yes. Do your lists in                           | clude personally identifiab                      | le information (as defined in 11 U.           | S.C. § 101(41A))?                |                                       |
|              |          | ☐ No  |  |   |                                  |                                       |
|              |          | Yes. Descr                                      | ribe   |   |                                  |                                       |
| 44.          | Any      | business-related r                              | property you did not alre                        | ady list                                      |                                  |                                       |
|              | _        | No  |  | •   |                                  |                                       |
|              |          | Yes. Give specific                              |  |   |                                  |                                       |
|              |          | information                                     |  |   |                                  |                                       |
|              |          |   |  |   |                                  |                                       |
|              |          |   |  |   |                                  |                                       |
|              |          |   |  |   |                                  |                                       |
|              |          |   |  |   |                                  |                                       |
|              |          |   |  |   |                                  |                                       |
|              |          |   |  | art 5, including any entries for p            |                                  |                                       |
| tor P        |          |   |  |   |                                  |                                       |
| Part         | 6:       | Describe Any F<br>If you own or have ar         | Farm- and Commeron interest in farmland, list it | cial Fishing-Related Propo<br>in Part 1.      | erty You Own or Have an Interest | In.                                   |
| 46.          | Do       | you own or have a                               | ny legal or equitable int                        | erest in any farm- or commercia               | al fishing-related property?     |                                       |
|              | <b>✓</b> | No. Go to Part 7.                               |  |   |                                  | Current value of the portion you own? |
|              |          | Yes. Go to line 47.                             |  |   |                                  | Do not deduct secured claims          |
|              |          |   |  |   |                                  | or exemptions                         |
| 47.          |          | <b>m animals</b><br><i>mples:</i> Livestock, po | ultry, farm-raised fish                          |   |                                  |                                       |
|              | <b>V</b> | No  |  |   |                                  |                                       |
|              |          | Yes. Describe                                   |  |   |                                  |                                       |
|              |          |   |  |   |                                  |                                       |

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| Debt           | or 1 Chivon                    | AC. 18. At  | Adams                    | Case number (if known)         |             |
|----------------|--------------------------------|---|--------------------------|--------------------------------|-------------|
|                | First Name                     | Middle Name   | Last Name                |                                |             |
| 48.            | Crops-either growing           | or harvested  |                          |                                |             |
|                | <b>✓</b> No                    |   |                          |                                |             |
|                | Yes. Describe                  |   |                          |                                |             |
|                |                                |   |                          |                                |             |
| 49.            | Farm and fishing equip         | oment, implements, machinery, fixtu                                 | ires and tools of trade  |                                |             |
| 43.            | _                              | onient, implements, machinery, fixto                                | ires, and tools of trade |                                |             |
|                | ✓ No                           |   |                          |                                |             |
|                | Yes. Describe                  |   |                          |                                |             |
|                |                                |   |                          |                                |             |
| 50.            | Farm and fishing supp          | lies, chemicals, and feed   |                          |                                |             |
|                | <b>✓</b> No                    |   |                          |                                |             |
|                | Yes. Describe                  |   |                          |                                |             |
|                |                                |   |                          |                                |             |
|                |                                |   |                          |                                |             |
| 51.            | Any farm- and commer           | cial fishing-related property you did                               | not already list         |                                |             |
|                | <b>✓</b> No                    |   |                          |                                |             |
|                | Yes. Describe                  |   |                          |                                |             |
|                |                                |   |                          |                                |             |
|                |                                |   |                          | Γ                              |             |
|                |                                | of your entries from Part 6, includir                               |                          |                                |             |
| tor Pa         | art 6. Write that number       | here  |                          | <u>_</u>                       |             |
|                |                                |   |                          |                                |             |
|                |                                |   |                          |                                |             |
| Part           |                                | operty You Own or Have an Ir  |                          | oid Not List Above             |             |
| 53.            |                                | perty of any kind you did not already<br>s, country club membership | list?                    |                                |             |
|                |                                | , ocurray order memberering   |                          |                                |             |
|                |                                |   |                          |                                |             |
|                | Yes. Give specific information |   |                          |                                |             |
|                | morridadii                     |   |                          |                                |             |
|                |                                |   |                          |                                |             |
|                | d 1 di - d - U                 | of community of the Board 7. White all                              | -1 b b                   | _                              |             |
| 54. A          | dd the dollar value of all     | of your entries from Part 7. Write th                               | at number here           |                                |             |
|                |                                |   |                          |                                |             |
|                |                                |   |                          |                                |             |
| Part           | 8: List the Totals             | of Each Part of this Form   |                          |                                | -,          |
| 55 <b>D</b>    | Part 1: Total roal actato      | ine 2   |                          | _                              |             |
| 55. F          | rant 1. Total real estate, i   | ine 2   |                          |                                |             |
| 56. <b>p</b>   | art 2 total vehicles, line     | 5   | \$8425.00                |                                |             |
|                |                                | d household items, line 15  |                          |                                |             |
|                | -                              |   | \$550.00                 |                                |             |
| 58. <b>P</b>   | art 4: Total financial ass     | ets, line 36  | \$75.00                  |                                |             |
| 59. <b>P</b>   | Part 5: Total business-re      | lated property, line 45   |                          |                                |             |
| 60. <b>P</b>   | Part 6: Total farm- and fi     | shing-related property, line 52                                     |                          |                                |             |
|                |                                |   |                          |                                |             |
| ხ1. <b>F</b>   | Part 7: Total other prope      | rty not listea, line 54   |                          |                                |             |
| 62. <b>T</b>   | otal personal property.        | Add lines 56 through 61   | \$9050.00                |                                | + \$9050.00 |
|                |                                |   |                          | Copy personal property total ▶ |             |
|                |                                |   |                          |                                | \$9050.00   |
| 63. <b>T</b> 6 | otal of all property on S      | chedule A/B. Add line 55 + line 62                                  |                          |                                |             |

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| Fill in this info      | Fill in this information to identify your case: |             |                              |  |  |
|------------------------|---|-------------|------------------------------|--|--|
| Debtor 1               | Chivon  |             | Adams                        |  |  |
|                        | First Name                                      | Middle Name | Last Name                    |  |  |
| Debtor 2               |   |             |                              |  |  |
| (Spouse, if fili       | <sup>ng)</sup> First Name                       | Middle Name | Last Name                    |  |  |
| United States          | Bankruptcy Court for the:                       | Northern    | District of Illinois (State) |  |  |
| Case number (If known) |   |             | (Otale)                      |  |  |

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par   | t 1: Identify the Property You Cla  | im as Exempt  |   |                                    |  |
|---|---|---|---|------------------------------------|--|
| <ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.</li> <li>You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)</li> <li>You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)</li> <li>For any property you list on Schedule A/B that you claim as exempt, fill in the information below.</li> </ol> |   |   |   |                                    |  |
|   | Brief description of the property and line on Schedule A/B that lists this property   | Current value of<br>the portion you<br>own  Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |  |
|   | Brief description:  MB Financial  Line from Schedule A/B: 17  | \$0.00  | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(b)              |  |
|   | Brief description: Goods and furniture Line from Schedule A/B: 06   | \$300.00  | \$300.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |  |
| 3.  | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every)  No  Yes. Did you acquire the property covery  No Yes | 3 years after that for ca   |   |                                    |  |

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| ebtor 1 Chivon  |   | Adams Case number (if known   | n)  |
|---|---|---|---|
| First Name Midd  rt 2: Additional Page  | le Name I   | Last Name   |   |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.   | Specific laws that allow exemption              |
| Brief description:  Hyundai, Sonata, 2015  Line from Schedule A/B: 03               | \$8,425.00  | \$1,746.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |
| Brief description:  Used electronics  Line from Schedule A/B:  07                   | \$150.00  | \$150.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)                           |
| Brief description:  Miscellaneous jewelry  Line from Schedule A/B: 12               | \$100.00  | \$100.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)                           |
| Brief description:  Cash on hand  Line from Schedule A/B: 16                        | \$75.00   | \$75.00  100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)                           |

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|               |   |  |                               | •                                     |                          |                          |                    |
|---------------|---|--|-------------------------------|---------------------------------------|--------------------------|--------------------------|--------------------|
| Fill in th    | nis inform  | ation to identify your case            | :                             |                                       |                          |                          |                    |
| Debtor        | 1   | Chivon                                 |                               | Adams                                 |                          |                          |                    |
| Bobioi        |   | First Name                             | Middle Name                   | Last Name                             |                          |                          |                    |
| Debtor        |   |  |                               |                                       |                          |                          |                    |
| (Spouse       | e, if filing)   | First Name                             | Middle Name                   | Last Name                             |                          |                          |                    |
| United        | States Ba   | ankruptcy Court for the:               | Northern                      | District of Illinois                  |                          |                          |                    |
|               |   | , ,                                    |                               | (State)                               |                          |                          |                    |
| Case n        |   |  |                               |                                       |                          |                          |                    |
| <u>`</u>      | <u> </u>  | 1000                                   |                               |                                       |                          | П                        | Check if this is a |
| Offic         | ciai f  | orm 106D                               |                               |                                       |                          |                          | mended filing      |
| Sch           | edu   | le D: Credit                           | ors Who Ha                    | ve Claims Secur                       | ed by Pro                | perty                    | 12/1               |
|               |   |  |                               | are filing together, both are equal   |                          |                          | mation. If more    |
|               | •   | •                                      |                               | e entries, and attach it to this form | •                        |                          |                    |
| and cas       | e numbe   | er (if known).                         |                               |                                       |                          |                          |                    |
| 1. <b>D</b> o | o any cre   | ditors have claims secu                | red by your property?         |                                       |                          |                          |                    |
|               | No. Ch  | neck this box and submit the           | nis form to the court with yo | ur other schedules. You have nothing  | else to report on this f | orm.                     |                    |
| ✓             | Yes. Fi   | II in all of the information b         | pelow.                        |                                       |                          |                          |                    |
| Part 1:       | List A  | All Secured Claims                     |                               |                                       |                          |                          |                    |
| 2. <b>L</b>   | List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As |  |                               |                                       | Column A                 | Column B                 | Column C           |
|               |   |  |                               |                                       | Amount of claim          | Value of                 | Unsecured          |
| n             | nuch as p   | oossible, list the claims in           | alphabetical order according  | ng to the creditor's name.            | Do not deduct the        | collateral               | portion            |
|               |   |  |                               |                                       | value of collateral.     | that supports this claim | If any             |
| 2.1 <u>E</u>  | Exeter Fin  | ance Corp                              |                               |                                       | \$13,358.00              | \$16,850.00              | \$0.00             |
| <u> </u>      | Creditor's I  |  | Describe the property         | that secures the claim:               | Ψ10,000.00               | Ψ10,000.00               | 72.22              |
|               | P.O. Box<br>Numbe   |  | 2015 Hyundai Sonata           |                                       |                          |                          |                    |
| _             |   |  |                               | the claim is: Check all that apply.   |                          |                          |                    |
|               | rving   | Texas 75016                            | Contingent                    |                                       |                          |                          |                    |
|               | City<br><b>Who owe</b>  | State ZIP Code es the debt? Check one. | Unliquidated                  |                                       |                          |                          |                    |
|               |   | or 1 only                              | Disputed                      |                                       |                          |                          |                    |
| Ī             | Debto   | or 2 only                              | Nature of lien. Check a       | ,                                     |                          |                          |                    |
| Ī             | Debto   | or 1 and Debtor 2 only                 | An agreement you n car loan)  | nade (such as mortgage or secured     |                          |                          |                    |
| Ī             |   | st one of the debtors and              |                               | as tax lien, mechanic's lien)         |                          |                          |                    |
| г             | anoth   | er<br>k if this claim relates          | Judgment lien from            | ,                                     |                          |                          |                    |
| L             | to a c  | community debt                         | Other (including a rig        | ght to offset)                        |                          |                          |                    |
|               | Date debt<br>ncurred  | t was <u>8/1/2016</u>                  | Last 4 digits of accour       | nt number 1001                        |                          |                          |                    |
|               |   | Add the dollar value of                |                               | A on this name Write that             | \$13 358 OO              |                          |                    |

number here:

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| Fill                                   | in this inform  | ation to identify your cas   | e:  |  |   |  |   |  |
|--|---|--|---|--|---|--|---|--|
| Deb                                    | otor 1  | Chivon   |   | Adams  |   |  |   |  |
|  |   | First Name   | Middle Name   | Last Name  |   |  |   |  |
|  | otor 2  | E. Al  | 84° 1 H - 81  |  |   |  |   |  |
| (Sp                                    | ouse, it tiling   | First Name   | Middle Name   | Last Name  |   |  |   |  |
| Unit                                   | ted States Ba   | ankruptcy Court for the:   | Northern  | District of Illinois   |   |  |   |  |
| Car                                    | se number   |  |   | (State)  |   |  |   |  |
|  | nown)   |  |   |  |   |  |   |  |
| Of                                     | ficial F  | orm 106E/F   |   |  |   | Ch   | eck if this is ar                                       | n amended filing                           |
|  |   |  | ditoro Who  | Have Hase  | aurad Claima  |  |   |  |
| <u> </u>                               | neau  | ile E/F: Cre   | editors vyno  | nave unse  | cured Claims  |  |   | 12/15                                      |
| party<br>106A<br>that<br>entri<br>knov | / to any exe<br>VB) and on<br>are listed in<br>es in the bo<br>vn). | cutory contracts or un<br>Schedule G: Executor<br>Schedule D: Creditor<br>oxes on the left. Attach | expired leases that could<br>y Contracts and Unexpire<br>s Who Hold Claims Secu | result in a claim. Also lised Leases (Official Form red by Property. If more to this page. On the top of the t | s and Part 2 for creditors with<br>st executory contracts on Sch<br>106G). Do not include any cre<br>space is needed, copy the Port<br>of any additional pages, write | nedule A/B.<br>editors with<br>art you nee | : Property (On<br>a partially sec<br>ed, fill it out, n | fficial Form<br>cured claims<br>number the |
| 1.                                     | Do any cre  | editors have priority un   | nsecured claims against ye  | ou?  |   |  |   |  |
|  |   | o to Part 2.   | ,   |  |   |  |   |  |
|  | Yes.  |  |   |  |   |  |   |  |
| 2.                                     | listed, iden<br>much as po<br>Continuation                          | tify what type of claim it is<br>ossible, list the claims in a<br>on Page of Part 1. If more       | s. If a claim has both priority   | and nonpriority amounts, light to the creditor's name. If particular claim, list the other.  |   | n priority and                             | d nonpriority ar  | mounts. As                                 |
|  |   |  |   |  |   | Total claim                                | Priority amount   | Nonpriority amount                         |

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| Debte  |   | ams Case number (if known)  |             |  |  |  |
|--------|---|---|-------------|--|--|--|
|        | First Name Middle Name Last   | t Name  |             |  |  |  |
| Part 2 | Part 2: List All of Your NONPRIORITY Unsecured Claims   |   |             |  |  |  |
| 3.     | Do any creditors have nonpriority unsecured claims against you  | u?  |             |  |  |  |
|        | <ul><li>No. You have nothing to report in this part. Submit this form to the</li><li>✓</li><li>Yes.</li></ul>   | e court with your other schedules.  |             |  |  |  |
| 4.     | Yes.  St all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority secured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1.  The proof of the creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation age of Part 2. |   |             |  |  |  |
|        |   |   | Total claim |  |  |  |
| 4.1    | ACS/COLLEGE LOAN CORP   | Last 4 digits of account number 1591  | \$10,705.00 |  |  |  |
|        | Nonpriority Creditor's Name<br>10000 W Charleston Blvd Ste 200  | When was the debt incurred? 2/1/2006  |             |  |  |  |
|        | Number Street   | <u></u>   |             |  |  |  |
|        |   | As of the date you file, the claim is: Check all that apply.  Contingent                                |             |  |  |  |
|        | Las Vegas Nevada 89135  |   |             |  |  |  |
|        | City State Zip Code Who incurred the debt? Check one.   | Unliquidated  |             |  |  |  |
|        | Debtor 1 only   | ☐ Disputed  |             |  |  |  |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | ✓ Student loans   |             |  |  |  |
|        | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
|        | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar   |             |  |  |  |
|        | Is the claim subject to offset?   | debts Other. Specify  |             |  |  |  |
|        | ✓ No  |   |             |  |  |  |
|        | Yes   |   |             |  |  |  |
| 4.2    | AT&T<br>Nonpriority Creditor's Name   | Last 4 digits of account number   | \$300.00    |  |  |  |
|        | PO Box 105262   | When was the debt incurred?n/a  |             |  |  |  |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|        |   | Contingent  |             |  |  |  |
|        | Atlanta Georgia 30348 City State Zip Code   | Unliquidated  |             |  |  |  |
|        | Who incurred the debt? Check one.   | Disputed  |             |  |  |  |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 2 only   | Student loans   |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |  |  |  |
|        | At least one of the debtors and another   | that you did not report as priority claims  |             |  |  |  |
|        | Check if this claim relates to a community debt Is the claim subject to offset?   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |
|        | No  | ✓ Other. Specify <u>Cable bill</u>  |             |  |  |  |
|        | Yes   |   |             |  |  |  |
| 4.3    | ATG CREDIT  | Look 4 digits of account number 7000  | \$36.00     |  |  |  |
|        | Nonpriority Creditor's Name   | Last 4 digits of account number 7902  |             |  |  |  |
|        | 1700 W CORTLAND ST STE 2 Number Street  | When was the debt incurred? 12/1/2013   |             |  |  |  |
|        |   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |
|        | CHICAGO Illinois 60622  | Contingent  |             |  |  |  |
|        | City State Zip Code   | Unliquidated  |             |  |  |  |
|        | Who incurred the debt? Check one.  Debtor 1 only  | Disputed  |             |  |  |  |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Student loans   |             |  |  |  |
|        | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
|        | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar   |             |  |  |  |
|        | Is the claim subject to offset?   | debts  ✓ 001 Collection; Collecting for   |             |  |  |  |
|        | <b>✓</b> No   | ORIGINAL CREDITOR:  |             |  |  |  |
|        | Yes   | Other. Specify <u>MEDICAL PAYMENT DATA</u>  |             |  |  |  |

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CAPITAL ONE BANK USA N 4.4 \$439.00 Last 4 digits of account number \_ Nonpriority Creditor's Name PO BOX 85520 When was the debt incurred? 4/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent RICHMOND 23285 Virginia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify **✓** No Yes 4.5 CCI \$1,449.00 Last 4 digits of account number 1099 Nonpriority Creditor's Name 501 Greene Street # 302 When was the debt incurred? 8/1/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent 30901 Augusta Georgia Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Collection; Collecting for |√| **✓** No ORIGINAL CREDITOR: 10 COMMONWEALTH EDISON Yes Other. Specify **COMPANY** 4.6 \$547.00 Last 4 digits of account number Nonpriority Creditor's Name 501 Greene Street # 302 When was the debt incurred? 4/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent Georgia 30901 Augusta Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Collection; Collecting for **✓ ✓** No ORIGINAL CREDITOR: 10 COMMONWEALTH EDISON

Yes

Other. Specify

**COMPANY** 

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 CHASE \$50.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 15298 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent 19850 Wilmington Delaware Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify\_ Insufficient funds fees **✓** No Yes 4.8 Citi Bank \$500.00 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 399 Park Avenue New York As of the date you file, the claim is: Check all that apply. Contingent Unliquidated New York 10043 New York City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Insufficient funds Other. Specify Is the claim subject to offset? **✓** No Yes City of Chicago - Dep't of Revenue \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 88292 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60608 State Zip Code City Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Parking tickets Is the claim subject to offset? **✓** No

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 City of Lincoln \$120.00 Last 4 digits of account number Nonpriority Creditor's Name 700 Broadway Street When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 62656 Lincoln City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify\_ Speeding ticket Is the claim subject to offset? **✓** No Yes CMRE. 877-572-7555 4.11 \$861.00 Last 4 digits of account number 0523 Nonpriority Creditor's Name 3075 E IMPERIAL HWY STE When was the debt incurred? 10/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent **BREA** California 92821 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset?  $\overline{}$ Collection; Collecting for **✓** No ORIGINAL CREDITOR Other. Specify\_ MEDICAL PAYMENT DATA Yes **CONVERGENT OUTSOURCING** 4.12 \$727.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 9004 When was the debt incurred? 1/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent 98057 Renton Washington Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar Is the claim subject to offset?  $\overline{}$ 001 Collection; Collecting for **V** No ORIGINAL CREDITOR:

Yes

Other. Specify

COMCAST

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim DEPT OF ED/NAVIENT** 4.13 \$5,096.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 18773 Wilkes Barre Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes **DEPT OF ED/NAVIENT** 4.14 \$4,745.00 Last 4 digits of account number 1029 Nonpriority Creditor's Name When was the debt incurred? PO Box 9635 10/1/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent 18773 Wilkes Barre Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.15 **DEPT OF ED/NAVIENT** \$3,775.00 Last 4 digits of account number \_\_\_\_ Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify\_ **✓** No

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 **DEPT OF ED/NAVIENT** \$3,712.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes **DEPT OF ED/NAVIENT** 4.17 \$3,281.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7/1/2012 PO Box 9635 Street As of the date you file, the claim is: Check all that apply. Contingent 18773 Wilkes Barre Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.18 Dish Network \$300.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 9601 S Meridian Blvd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Colorado 80112 Englewood Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify \_\_\_ Cable bill **✓** No

l Yes

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** FIRST PREMIER BANK 4.19 \$543.00 Last 4 digits of account number Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 5/1/2015 Number Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent Saint Cloud City 56302 Minnesota Unliquidated State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify CreditCard **✓** No Yes 4.20 Gateway Financial Services, Inc. \$4,314.18 Last 4 digits of account number Nonpriority Creditor's Name Po Box 3257 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Michigan 48605 Saginaw City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 1999 Chevrolet Malibu-Towed then Is the claim subject to offset? Other. Specify \_\_\_ repossessed **✓** No Yes 4.21 Green Stream Lending \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 8 Crestwood Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 91905 California Boulevard Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify Payday loan **✓** No

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 Illinois Tollway \$9,000.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 2700 Ogden Ave When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Legal Dept Contingent 60515 Downers Grove Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify Tollway violation **✓** No Yes 4.23 JD Byrider \$8,000.00 Last 4 digits of account number Nonpriority Creditor's Name 6539 Ogden Ave When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Berwyn Illinois 60402 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? **✓** 1999 Pontiac Grand **✓** No Am-Repossessed in February Other. Specify 2010 Yes 4.24 KOHLS/CAPONE \$584.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 3004 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Milwaukee Wisconsin 53201 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify \_ CreditCard **✓** No

| Yes

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.25 \$200.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 237 Kearny St. #372 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent San Francisco California 94108 Unliquidated State City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify \_ Payday loan **✓** No Yes 4.26 Macneal Hospital \$300.00 Last 4 digits of account number Nonpriority Creditor's Name 3249 S Oak Park Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois 60402 Berwyn Unliquidated Citv State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Medical bill Other. Specify **✓** No Yes 4.27 Midwest Title Loans \$800.00 Last 4 digits of account number Nonpriority Creditor's Name 3440 Preston Ridge Rd. Suite 500 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Alpharetta Georgia 30005 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify \_ Title loan **✓** No

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.28 Payday Max \$200.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 2868 N. State 7 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Fort Lauderdale 33313 Florida City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify \_ Payday loan Is the claim subject to offset? **✓** No Yes 4.29 PEOPLES ENGY \$527.00 Last 4 digits of account number 5668 Nonpriority Creditor's Name 200 EAST RANDOLPH When was the debt incurred? 12/1/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent CHICAGO Illinois 60601 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar Is the claim subject to offset? ✓ Other. Specify \_ InstallmentLoan **✓** No Yes 4.30 Peoples Gas \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name 200 E. Randolph When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Chicago . Illinois 60601 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ Other. Specify \_ Gas bill **✓** No

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.31 RCN Telecom Services of Illinois \$500.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 2640 W Bradley Pl When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60618 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify \_ Cable bill Is the claim subject to offset? **V** No Yes 4.32 Spotloan \$200.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 927 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Palatine Illinois 60078 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar Is the claim subject to offset? ✓ Other. Specify Payday loan **✓** No Yes 4.33 Sprint \$100.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 219554 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 64121 Kansas City Missouri City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify Cellular phone bill Is the claim subject to offset? **✓** No

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.34 **STANISCCONTR** \$582.00 Last 4 digits of account number Nonpriority Creditor's Name 914 14TH ST POB 480 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent MODESTO California 95353 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Collection; Collecting for **✓** No ORIGINAL CREDITOR: Other. Specify **MEDICAL** Yes **TCF** 4.35 \$85.00 Last 4 digits of account number Nonpriority Creditor's Name 500 Joliet Rd When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Willowbrook Illinois 60527 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? ✓ Other. Specify Maintenance fees for bank account **✓** No Yes 4.36 Title Max \$200.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 1513 Sibley Blvd. When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Calumet City Illinois 60409 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify Title loan **✓** No

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Debtor 1 Chivon Adams Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.37 **US Cellular** \$100.00 Last 4 digits of account number Nonpriority Creditor's Name Dept 0205 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 60055 Palatine Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify \_ Cellular phone bill **✓** No Yes 4.38 Village of Bellwood \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 3200 Washington Blvd When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Bellwood Illinois 60104 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Red light camera ticket ✓ Other. Specify Is the claim subject to offset? **✓** No Yes 4.39 Village of Schiller Park \$400.00 Last 4 digits of account number Nonpriority Creditor's Name 9526 W Irving Park Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60176 Schiller Park Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Auto ticket **✓** No

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Chivon Adams Debtor 1 Case number (if known) First Name Middle Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$31,314.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$35,364.18 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$66,678.18

6j.

6j. Total. Add lines 6f through 6i.

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|                        |                               |                               | _                          |   |                                    |
|------------------------|-------------------------------|-------------------------------|----------------------------|---|------------------------------------|
| Fill in this inform    | ation to identify your case   | e:                            |                            |   |                                    |
| Debtor 1               | Chivon                        |                               | Adams                      |   |                                    |
|                        | First Name                    | Middle Name                   | Last Name                  |   |                                    |
| Debtor 2               |                               |                               |                            |   |                                    |
| (Spouse, if filing     | First Name                    | Middle Name                   | Last Name                  |   |                                    |
| United States Ba       | ankruptcy Court for the:      | Northern                      | District of Illinois       |   |                                    |
|                        |                               |                               | (State)                    |   |                                    |
| Case number (If known) |                               |                               |                            |   |                                    |
|                        | Form 106G<br>e G: Execut      | ory Contracts                 | s and Unexpi               | ired Leases   | Check if this is an amended filing |
|                        | d, copy the additional p      |                               |                            | are equally responsible for supplying this page. On the top of any addition     |                                    |
| 1. Do you ha           | ave any executory             | contracts or unexpir          | ed leases?                 |   |                                    |
| ✓ No. Che              | ck this box and file this for | rm with the court with your o | ther schedules. You have r | nothing else to report on this form.  |                                    |
| Yes. Fill i            | in all of the information be  | elow even if the contracts or | leases are listed on Scheo | dule A/B: Property (Official Form 106A/B  | ).                                 |
|                        |                               |                               |                            | Then state what each contract or leasone examples of executory contracts and or |                                    |

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this inform                     | ation to identify your cas | e:                               |                                   |  |
|---|----------------------------|----------------------------------|-----------------------------------|--|
| Debtor 1                                | Chivon                     |                                  | Adams                             |  |
|   | First Name                 | Middle Name                      | Last Name                         | _  |
| Debtor 2<br>(Spouse, if filing)         | First Name                 | Middle Name                      | Last Name                         | _  |
| United States Pr                        | onkruptov Court for the    | Northern                         | District of Illinois              |  |
| Utilied States Da                       | ankruptcy Court for the:   | Normem                           | (State)                           | _  |
| Case number (If known)                  |                            |                                  | . ,                               | _  |
| (************************************** |                            |                                  |                                   | Check if this is an  |
|   |                            |                                  |                                   | amended filing   |
| Official F                              | orm 106H                   |                                  |                                   |  |
| Schedul                                 | e H: Your Co               | odebtors                         |                                   | 12/15  |
| ✓ No<br>Yes                             | e any codebtors? (If yo    |                                  | not list either spouse as a codet |  |
| Idaho, Louis                            |                            | co, Puerto Rico, Texas, Was      |                                   | munity property states and territories include Arizona, California,  |
|   | id your spouse, former s   | oouse, or legal equivalent liv   | ve with you at the time?          |  |
| □ Y                                     | es. In which community s   | state or territory did you live? | Fill in the                       | e name and current address of that person.   |
|   | Name of your spouse, for   | ormer spouse, or legal equiv     | ralent                            |  |
|   | Number Street              |                                  |                                   |  |
|   | City                       | State                            | Zip Code                          |  |
| again as a                              | codebtor only if that pe   | erson is a guarantor or co       | signer. Make sure you have        | r spouse is filing with you. List the person shown in line 2 isted the creditor on Schedule D (Official Form 106D), D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| Fill in this              | s information to identify                                | y your case:  |                              |                 |                    |   |               |
|---------------------------|--|---|------------------------------|-----------------|--------------------|---|---------------|
| Debtor 1                  | Chivon   |   | Adams                        |                 | _                  |   |               |
|                           | First Name   | Middle Name   | Last Nam                     | ne              |                    | Check if this is:                       |               |
| Debtor 2<br>(Spouse, if f | illing) First Name                                       | Middle Name   | Last Nam                     | ne              | -                  | An amended filing                       |               |
|                           |  |   |                              |                 |                    | A supplement showing post-petition      | on chapter 13 |
| United State              | es Bankruptcy Court for the:                             | Northern  | District of Illino<br>(State |                 | -                  | expenses as of the following date:      |               |
| Case number               | er   |   |                              |                 | _                  | MM / DD / YYYY                          |               |
|                           | I Farma 400l   |   |                              |                 |                    | WINT DD / TTTT                          |               |
|                           | l Form 106l  |   |                              |                 |                    |   |               |
| Sched                     | ule I: Your Inc  | come  |                              |                 |                    |   | 12/15         |
|                           | Describe Employme  | ame and case number   | r (ii known). A              | Answer eve      | ry question        |   |               |
|                           | Fill in your employment                                  |   | Debtor 1                     |                 |                    | Debtor 2                                |               |
| i                         | information.   | Employment status   | ✓ Employed                   | 1               |                    | Employed                                |               |
|                           | If you have more than one ob,                            |   | Not Employed                 |                 |                    | Not Employed                            |               |
|                           | attach a separate page with information about additional | Occupation  |                              |                 |                    |   |               |
|                           | employers.   | Employer's name   | UCP Seguin                   | of Greater Ch   | icago              |   |               |
|                           | Include part time, seasonal,                             | Employer's address  | 3100 S Centra                | al Ave          |                    |   |               |
|                           | or<br>self-employed work.                                | , ,   | Number Street                |                 |                    | Number Street                           |               |
|                           | Occupation may include                                   |   |                              |                 |                    |   |               |
|                           | student<br>or homemaker, if it applies.                  |   | Cicero                       | Illinois        | 60804              |   |               |
|                           |  |   | City                         | State           | Zip Code           | City State Zip                          | Code          |
|                           |  | How long employed there?                                    |                              |                 |                    |   |               |
| Part 2:                   | Give Details About                                       | Monthly Income  |                              |                 |                    |   |               |
| Estimate i                | •  | date you file this form. If yo                              | ou have nothing to           | report for any  | line, write \$0 in | the space. Include your non-filing spou | use unless    |
| If you or yo              |  | ore than one employer, combi                                | ine the information          | for all employe | ers for that perso | on on the lines below. If you need more | space,        |
| allauri a Se              | parate 311661 to 11115 101111.                           |   |                              | For D           | ebtor 1            | For Debtor 2 or non-filing spouse       |               |
|                           |  | ry, and commissions (befor<br>liculate what the monthly wag |                              |                 | \$2,641.77         |   |               |
|                           | nate and list monthly over                               | , ,   | 3                            |                 | + \$0.00           |   |               |

4. Calculate gross income. Add line 2 + line 3.

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| Deptor 1 Cilivoii  |   | Audits                 | Case number (           | 'if known)                        |                         |
|--|---|------------------------|-------------------------|-----------------------------------|-------------------------|
| First Nan  | ne Middle Name  | Last Name              | For Debtor 1            | For Debtor 2 or non-filing spouse |                         |
| Copy line 4 her  | е   | 4.                     | \$2,641.77              |                                   |                         |
| 5. List all payroll  | deductions:   |                        |                         |                                   |                         |
| 5a. <b>Tax, Medic</b>                                      | are, and Social Security deductions   | 5a.                    | \$233.18                |                                   |                         |
| 5b. <b>Mandatory</b>                                       | contributions for retirement plans  | 5b.                    | \$0.00                  |                                   |                         |
| 5c. Voluntary  | contributions for retirement plans  | 5c.                    | \$0.00                  |                                   |                         |
| 5d. Required r   | epayments of retirement fund loans  | 5d.                    | \$0.00                  |                                   |                         |
| 5e. <b>Insurance</b>                                       |   | 5e.                    | \$33.89                 |                                   |                         |
| 5f. Domestic s   | support obligations   | 5f.                    | \$325.00                |                                   |                         |
| 5g. Union due  | es  | 5g.                    | \$0.00                  |                                   |                         |
| 5h. Other dedu   | uctions. Specify:   | 5h. +                  | \$0.00 +                |                                   |                         |
| 6. Add the payrol +5h.                                     | <b>I deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5   | 5f + 5g 6.             | \$592.06                |                                   |                         |
| 7. Calculate total   | monthly take-home pay. Subtract line 6 from line  | e 4. 7.                | \$2,049.71              |                                   |                         |
| 8. List all other in                                       | come regularly received:  |                        |                         |                                   |                         |
| business,  | e from rental property and from operating a profession, or farm   |                        |                         |                                   |                         |
|  | tement for each property and business showing gro<br>dinary and necessary business expenses, and the to<br>income.  |                        | \$0.00                  |                                   |                         |
| 8b. Interest an  | d dividends   | 8b.                    | \$0.00                  |                                   |                         |
| dependent<br>Include alim                                  | pport payments that you, a non-filing spouse, or regularly receive ony, spousal support, child support, maintenance,  |                        | <b>\$0.00</b>           |                                   |                         |
|  | ement, and property settlement.   | 8c.                    | \$0.00                  |                                   |                         |
|  | ment compensation   | 8d.                    | \$0.00                  |                                   |                         |
| 8e. Social Secu  | •   | 8e.                    | \$0.00                  |                                   |                         |
| Include cash<br>assistance the<br>the Supplem<br>subsidies | rnment assistance that you regularly receive assistance and the value (if known) of any non-case hat you receive, such as food stamps (benefits undenental Nutrition Assistance Program) or housing | er                     | <b>#0.00</b>            |                                   |                         |
| . ,  |   | <del></del>            | \$0.00                  |                                   |                         |
| J  | r retirement income   | 8g.                    | \$0.00                  |                                   |                         |
|  | thly income. Specify:   | _                      | \$0.00 +                |                                   |                         |
| 9. Add all other in  | ncome Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g -   | + 8h. 9. <u> </u>      | \$0.00                  |                                   |                         |
|  | thly income. Add line 7 + line 9.<br>in line 10 for Debtor 1 and Debtor 2 or non-filing s   | 10                     | \$2,049.71 +            | =                                 | \$2,049.71              |
| Include contribu relatives.                                | regular contributions to the expenses that you tions from an unmarried partner, members of your lany amounts already included in lines 2-10 or amou   | household, your depe   | ndents, your roommates  | •                                 |                         |
| Specify:   |   |                        |                         | 11.                               | + \$0.00                |
|  | unt in the last column of line 10 to the amount   |                        |                         |                                   | \$2,049.71              |
| vviile tilat aifi0u  | ini on une ourninary or ooriedules and olaiistical ou   | minary or Certain Llai | onnes and neidled Dald, | п к аррпез                        | Combined monthly income |
| 13. <b>Do you expec</b> No.                                | t an increase or decrease within the year after y   | ou file this form?     |                         |                                   |                         |
| Yes. Expla   | in:   |                        |                         |                                   |                         |

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| Fill in this inform                          | nation to identify                                | your case:   |   |  |           |                                   |                      |                              |
|--|---|--------------|---|--|-----------|-----------------------------------|----------------------|------------------------------|
| Debtor 1                                     | Chivon  |              |   | Adams  |           |                                   |                      |                              |
| Debior                                       | First Name  |              | Middle Name                               | Last Name  |           |                                   |                      |                              |
| Debtor 2                                     |   |              |   |  | Chec      | k if this is:                     |                      |                              |
| (Spouse, if filin                            | g) First Name                                     |              | Middle Name                               | Last Name  | □A        | n amended filin                   | g                    |                              |
|  | Bankruptcy Court                                  | for the:     | Northern                                  | District of Illinois (State)                                     |           | supplement sh<br>penses as of the |                      | petition chapter 13<br>date: |
| Case number (If known)                       |   |              |   |  | ·   _     |                                   |                      |                              |
| ,  |   |              |   |  | N         | IM / DD / YYY                     | <b>′</b>             |                              |
| Official                                     | Form 10   | 6J           |   |  |           |                                   |                      |                              |
| Schedu                                       | le J: You   | <br>ır Fxr   | nenses                                    |  |           |                                   |                      | 12/1                         |
| information. If (if known). Ans  Part 1: Des | more space is r<br>wer every ques<br>cribe Your H | eeded, at    | tach another sheet to thi                 | are filing together, both are eques form. On the top of any addi |           |                                   |                      |                              |
| 1. Is this a join                            | nt case?  |              |   |  |           |                                   |                      |                              |
| ✓ No. Go                                     | to line 2   |              |   |  |           |                                   |                      |                              |
| Yes. D                                       | oes Debtor 2 liv                                  | e in a sep   | arate household?                          |  |           |                                   |                      |                              |
| Г г  | No  |              |   |  |           |                                   |                      |                              |
|  | ■<br>T Vas Debtor 2                               | must file (  | Official Forms 106 L-2 Evos               | enses for Separate Household of                                  | Debtor 2  |                                   |                      |                              |
| 2. Do you hav dependents?                    | <b>e</b>  | ☐ No         | 5. 10 Tool 2, 25 pc                       | nice ici Coparato i reaccineta ci i                              | Dostor L. |                                   |                      |                              |
| Do not list D<br>Debtor 2.                   |   |              | Fill out this information for a dependent | Dependent's relationship<br>Debtor 1 or Debtor 2<br>Child        | ag        | ependent's<br>e<br>years          | Does de with you No. | pendent live<br>?            |
|  | penses include<br>of people other                 | ✓ No         |   |  |           |                                   |                      |                              |
| than<br>yourself and                         | •   | Yes          |   |  |           |                                   |                      |                              |
| dependent                                    |   |              | Annahlus Prosesses                        |  |           |                                   |                      |                              |
|  |   |              | Monthly Expenses                          |  |           |                                   |                      |                              |
| _  | of a date after th                                | -            |   | s you are using this form as a a upplemental Schedule J, checl   |           | -                                 |                      | •                            |
|  | •   |              | •   | e if you know the value of<br>ne (Official Form B 106I.)         |           |                                   |                      | Your expenses                |
|  | or home owner<br>or the ground or lo              |              | nses for your residence.                  | Include first mortgage payments a                                | and       |                                   | 4.                   | \$500.00                     |
| If not incl                                  | uded in line 4:                                   |              |   |  |           |                                   |                      |                              |
| 4a. Real e                                   | state taxes                                       |              |   |  |           |                                   | 4a                   | \$0.00                       |
| 4b. Proper                                   | ty, homeowner's,                                  | or renter's  | insurance                                 |  |           |                                   | 4b.                  | \$0.00                       |
| 4c. Home                                     | maintenance, rep                                  | air, and upl | keep expenses                             |  |           |                                   | 4c.                  | \$0.00                       |
| 4d Home                                      | owner's association                               | on or condo  | ominium dues                              |  |           |                                   | 4.1                  | \$0.00                       |

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Adams

Debtor 1

Chivon Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$75.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$115.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$400.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$70.00 10. Personal care products and services \$50.00 10. 11. Medical and dental expenses \$0.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$213.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$18.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$75.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$333.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1         |                    |   | Adams                          | Case number (if known) |     |            |
|------------------|--------------------|---|--------------------------------|------------------------|-----|------------|
|                  | First Name         | Middle Name                               | Last Name                      |                        |     |            |
| 21.Other         | Specify:           |   |                                |                        | 21  | \$0.00     |
|                  |                    |   |                                |                        |     |            |
| 22. Calcu        | ılate your month   | nly expenses.                             |                                |                        |     | \$1,849.00 |
| 22a. A           | Add lines 4 throug | ıh 21.                                    |                                |                        |     | \$0.00     |
| 22b. C           | Copy line 22 (mon  | thly expenses for Debtor 2), if any, from | om Official Form 106J-2        |                        |     | \$1,849.00 |
| 22c. A           | odd line 22a and 2 | 22b. The result is your monthly expen     | ses.                           |                        | 22. |            |
| 23.Calcu         | late your month    | lly net income.                           |                                |                        |     |            |
| 23a. C           | Copy line 12 (your | combined monthly income) from Sch         | nedule I.                      |                        | 23a | \$2,049.71 |
| 23b. C           | Copy your monthly  | expenses from line 22 above.              |                                |                        | 23b | \$1,849.00 |
|                  | •                  | thly expenses from your monthly inco      | me.                            |                        |     | \$200.71   |
|                  | The result is your | monthly net income.                       |                                |                        | 23c |            |
| 24. <b>Do</b> yo | ou expect an inc   | rease or decrease in your expens          | es within the year after you   | ı file this form?      |     |            |
| Ford             | Namania da varia   | expect to finish paying for your car loa  | n within the weer or de vew ev | n a at varie           |     |            |
|                  |                    | increase or decrease because of a r       |                                |                        |     |            |
| <b>✓</b> 1       | No                 |   |                                |                        |     |            |
|                  | ⁄es                |   |                                |                        |     |            |
| ш.               | 163                |   |                                |                        |     |            |
|                  | Explain            | here:                                     |                                |                        |     |            |
|                  |                    |   |                                |                        |     |            |
|                  |                    |   |                                |                        |     |            |
|                  |                    |   |                                |                        |     |            |
|                  |                    |   |                                |                        |     |            |
|                  |                    |   |                                |                        |     |            |
|                  |                    |   |                                |                        |     |            |

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| Fill in this information to identify your case: |                           |             |                              |   |  |  |  |
|---|---------------------------|-------------|------------------------------|---|--|--|--|
| Debtor 1  | Chivon                    |             | Adams                        |   |  |  |  |
|   | First Name                | Middle Name | Last Name                    |   |  |  |  |
| Debtor 2  |                           |             |                              |   |  |  |  |
| (Spouse, if filin                               | g) First Name             | Middle Name | Last Name                    |   |  |  |  |
| United States B                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |   |  |  |  |
| Case number (If known)                          |                           |             | (State)                      | _ |  |  |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below  |   |
|-----|---|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h   | elp you fill out bankruptcy forms?  |
|     | <b>☑</b> No   |   |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |   |   |
|     |   |   |
|     | Under penalty of perjury, I declare that I have read the summary at that they are true and correct.   | nd schedules filed with this declaration and  |
|     | ·   |   |
| X   | 7-57-57-71-57-57-71-57-71-57-71-57-71-57-71-57-71-57-71-57-71-57-71-57-71-57-71 | *   |
|     | Signature of Debtor 1   | Signature of Debtor 2   |
|     | Date <b>9/21/2016</b>   | Date  |
|     | MM/DD/YYYY  | MM/DD/YYYY  |

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| Fill in this info                          | rmation to identify your cas  | se:  |   |   |                     |                                       |
|--|-------------------------------|--|---|---|---------------------|---------------------------------------|
| Debtor 1                                   | Chivon                        | NA LIII NI .                                       | Adams   |   |                     |                                       |
| Debtor 2                                   | First Name                    | Middle Nam   | ne Last Nam   | ne  |                     |                                       |
|  | ng) First Name                | Middle Nam   | ne Last Nam   | ne e  |                     |                                       |
| United States                              | Bankruptcy Court for the:     | Northern   | District of Illino                                  |   |                     |                                       |
| Case number<br>(If known)                  |                               |  | (Stat   | re)   |                     | _                                     |
| Official                                   | Form 107                      |  |   |   |                     | Check if this is an<br>amended filing |
|  | <del>.</del>                  | ial Affairs f                                      | or Individua  | als Filing for Ba   | nkruptcy            | 12/15                                 |
| Be as comple<br>space is need<br>question. | te and accurate as possi      | ible. If two married pe<br>eet to this form. On th | eople are filing togethe<br>ne top of any additiona | er, both are equally responsib<br>al pages, write your name and | ole for supplying o | correct information. If more          |
|  | s your current marital st     |  |   |   |                     |                                       |
|  | arried<br>ot married          |  |   |   |                     |                                       |
| 2. During                                  | the last 3 years, have yo     | ou lived anywhere oth                              | er than where you live                              | now?  |                     |                                       |
| ✓ No                                       | s. List all of the places you | lived in the last 3 years.                         | . Do not include where y                            | ou live now.  |                     |                                       |
| De   | ebtor 1:                      |  | ates Debtor 1 lived                                 | Debtor 2:   |                     | Dates Debtor 2 lived there            |
|  |                               |  |   | Same as Debtor 1  |                     | Same as Debtor 1                      |
|  | ımber Street                  | F  | rom   | Number Street   |                     | From                                  |
|  |                               | Т  | o   |   |                     | To                                    |
| Cir  | ty State                      | Zip Code   |   | City State  | Zip Code            |                                       |
|  |                               |  |   | Same as Debtor 1  |                     | Same as Debtor 1                      |
| Nu   | imber Street                  | F  | rom   | Number Street   |                     | From<br>To                            |
| Cit  | ty State                      | Zip Code   |   | City State  | Zip Code            |                                       |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

**✓** No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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| ebto     |  | Adam<br>e Name Last Na   |  | number (if known)  |  |
|----------|--|--|--|--|--|
| art 2    |  |  |  |  |  |
| F        | Did you have any income from employn rill in the total amount of income you receive ctivities. If you are filing a joint case and you not                            | nent or from operating a bu                                      | esses, including part-time                                       |  | years?   |
|          |  | Debtor 1   |  | Debtor 2   |  |
|          |  | Sources of income<br>Check all that apply.                       | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions and<br>exclusions)            |
|          | From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business           | \$19400.00   | Wages, commissions, bonuses, tips Operating a business     |  |
|          | For last calendar year: (January 1 to December 31, 2015 )  | Wages, commissions, bonuses, tips Operating a business           | \$25000.00   | ☐ Wages, commissions, bonuses, tips ☐ Operating a business |  |
|          | For the calendar year before that: (January 1 to December 31, 2014 )   | Wages, commissions, bonuses, tips Operating a business           | \$17000.00   | ☐ Wages, commissions, bonuses, tips ☐ Operating a business |  |
| be<br>ca | clude income regardless of whether that incenefit payments; pensions; rental income; in ase and you have income that you received st each source and the gross income from No  Yes. Fill in the details. | nterest; dividends; money col<br>together, list it only once und | llected from lawsuits; royalties er Debtor 1.                    | ; and gambling and lottery wir                             |  |
|          |  | Sources of income<br>Describe below.                             | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                       | Gross income from each source (before deductions and exclusions) |
|          | From January 1 of current year until the date you filed for bankruptcy:  |  |  |  |  |
|          | For last calendar year: (January 1 to December 31, 2015 YYYY   | <u> </u>   |  |  |  |
|          | For the calendar year before that: (January 1 to December 31, 2014 YYYY  | <u> </u>   |  |  |  |
|          |  |  |  |  |  |

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| 1 Chivon<br>First Name |                   | Middle Name   | Adams<br>Last Name                                  | Case num  | nber (if known)                 |                            |
|------------------------|-------------------|---|---|---|---------------------------------|----------------------------|
| List Cer               | rtain Paymer      | nts You Made P                                      | Before You Filed for                                | Bankruntev  |                                 |                            |
| List Oci               | tuiii i ayiiici   | its fou made E                                      | ciore roa i nea roi                                 | Bankruptcy  |                                 |                            |
| e either Deb           | otor 1's or Debto | or 2's debts prima                                  | rily consumer debts?                                |   |                                 |                            |
|                        |                   | r <b>Debtor 2 has prir</b><br>al, family, or househ |   | Consumer debts are defined  | d in 11 U.S.C. § 101(8) as "inc | urred by an individual     |
| During                 | g the 90 days be  | fore you filed for bar                              | nkruptcy, did you pay any cr                        | reditor a total of \$6,425* or m  | nore?                           |                            |
|                        | lo. Go to line 7. |   |   |   |                                 |                            |
|                        | total amoun       | nt you paid that cred                               | itor. Do not include paymer                         | * or more in one or more pa<br>nts for domestic support obli<br>o an attorney for this bankru | gations, such as                |                            |
| * Subj                 | ject to adjustmen | nt on 4/01/19 and ev                                | ery 3 years after that for cas                      | ses filed on or after the date  | of adjustment.                  |                            |
| Yes. <b>Debt</b>       | or 1 or Debtor 2  | 2 or both have pri                                  | marily consumer debts.                              |   |                                 |                            |
| -                      |                   |   |   | editor a total of \$600 or more   | e?                              |                            |
| _                      | No. Go to line 7. | .0.0 ) 00 11100 101 201                             | aptoy, and you pay any or                           | ounce a total or \$000 or rise.   |                                 |                            |
|                        |                   |   |   |   | .,                              |                            |
| ш.                     | that creditor     | r. Do not include pa                                | yments for domestic supportion and attorney for the | r more and the total amount<br>ort obligations, such as child<br>nis bankruptcy case.         | I support and                   |                            |
|                        |                   |   | Dates of payment                                    | Total amount paid   | Amount you still owe            | Was this payment for       |
| Creditor's             | Name              |   |   |   |                                 | Mortgage                   |
| Number S               | troot             |   |   |   |                                 | Car                        |
|                        | ucci              |   |   |   |                                 | Credit card  Loan repaymer |
| City                   | State             | Zip Code  |   |   |                                 | Suppliers or               |
| City                   | State             | Zip Code  |   |   |                                 | vendors  Other             |
| Creditor's             | Name              |   |   |   |                                 | Mortgage                   |
| Number S               | troot             |   |   |   |                                 | Car                        |
| Number 3               | ueei              |   |   |   |                                 | Credit card  Loan repaymer |
|                        |                   | _   |   |   |                                 | Suppliers or               |
| City                   | State             | Zip Code  |   |   |                                 | vendors                    |
|                        |                   |   |   |   |                                 | Other                      |
| Creditor's             | Name              |   |   |   |                                 | ☐ Mortgage<br>☐ Car        |
|                        |                   |   |   |   |                                 |                            |
| Number S               | treet             |   |   |   |                                 | Credit card                |
|                        | treet             |   |   |   |                                 | Loan repaymer              |
|                        | treet             | Zip Code  |   |   |                                 |                            |

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| ebtor 1               | Chivon  |                           | Ad                                 | dams  | Case number (                                  | if known)  |
|-----------------------|---|---------------------------|------------------------------------|---|--|--|
|                       | First Name  | Middle Name               | La                                 | st Name                                       |  |  |
| Insid<br>corp<br>ager | ders include your relative porations of which you a | ousiness you operate as a | relatives of any son in control, o | general partners; par<br>r owner of 20% or mo | tnerships of which y<br>are of their voting se |  |
| V                     | No<br>Yes. List all payments                        | to an insider             |                                    |   |  |  |
|                       | res. List all payments                              | to an insider.            | Dates of payment                   | Total amount paid                             | Amount you still owe                           | Reason for this payment  |
|                       | Insider's Name                                      |                           |                                    |   |  |  |
|                       | Number Street                                       |                           |                                    |   |  |  |
|                       | City Stat   | e Zip Code                |                                    |   |  |  |
|                       | Insider's Name                                      |                           |                                    |   |  |  |
|                       | Number Street                                       |                           |                                    |   |  |  |
|                       | City Stat   | ie Zip Code               |                                    |   |  |  |
| insid<br>Inclu        | der?<br>de payments on debts<br>No                  | guaranteed or cosigned b  |                                    | Total amount                                  | Amount you                                     | n account of a debt that benefited an  Reason for this payment |
|                       |   |                           | payment                            | paid  | still owe                                      | Include creditor's name  |
|                       | Insider's Name                                      |                           |                                    |   |  |  |
|                       | Number Street                                       |                           |                                    |   |  |  |
|                       | City Stat   | e Zip Code                |                                    |   |  |  |
|                       | Insider's Name                                      |                           |                                    | <u> </u>                                      |  |  |
|                       | Number Street                                       |                           |                                    |   |  |  |
|                       | 0".   | 7.01                      |                                    |   |  |  |
|                       | City Stat   | e Zip Code                |                                    |   |  |  |

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| or 1     | Chivon                       |                                  |              | Adams   | Ca                | ase number <i>(if k</i> | nown)           |                               |
|----------|------------------------------|----------------------------------|--------------|---|-------------------|-------------------------|-----------------|-------------------------------|
|          | First Name                   | Mid                              | ddle Name    | Last Name                                     |                   |                         | ·               |                               |
| 4:       | Identify Legal               | Actions Ren                      | ossession    | s, and Foreclosure                            | ) C               |                         |                 |                               |
|          | identify Legal               | Actions, Rep                     | 0336331011   | s, and i oreclosure                           |                   |                         |                 |                               |
| With     | in 1 year before y           | ou filed for bank                | ruptcy, were | ou a party in any laws                        | uit, court actior | n, or administi         | rative proceedi | ing?                          |
|          |                              |                                  |              |   |                   |                         |                 | or custody modifications, and |
| ontr     | act disputes.                |                                  |              |   |                   |                         |                 |                               |
|          | Na                           |                                  |              |   |                   |                         |                 |                               |
| =        | No                           | :1_                              |              |   |                   |                         |                 |                               |
| <b>∠</b> | Yes. Fill in the deta        | iis.                             |              |   | -                 |                         |                 |                               |
|          |                              |                                  |              | ure of the case                               | Court or a        | agency                  |                 | Status of the case            |
|          | Case title                   |                                  |              | ection-Wage                                   | Circuit Cou       | urt of Cook Co          | unty, Illinois  | Pending                       |
|          | N. Adams                     | al Services, v. Chiv             | on Gari      | nishment                                      | Court Nam         | ne                      |                 | On appeal                     |
|          | N. Adams                     |                                  | _            |   |                   | Orchard Road            |                 | ✓ Concluded                   |
|          | Case number                  |                                  |              |   | NumberSt          |                         | 60077           | Condidaca                     |
|          | 07-M1-213867                 |                                  |              |   | Skokie<br>City    | Illinois<br>State       | Zip Code        |                               |
|          | Casa titla                   |                                  |              |   | City              | Ciaic                   | Zip Oode        |                               |
|          | Case title                   |                                  |              |   |                   |                         |                 | Pending                       |
|          |                              |                                  | _            |   | Court Nam         | ne                      |                 | On appeal                     |
|          | Case number                  |                                  |              |   | NumberSti         | root                    | <del>.</del>    | Concluded                     |
|          |                              |                                  |              |   | Numbersu          | CCI                     |                 | _                             |
|          |                              |                                  |              |   |                   |                         |                 |                               |
|          |                              |                                  |              |   | City              | State                   | Zip Code        |                               |
| ×        | Yes. Fill in the info        |                                  |              | Describe the prop                             | erty              |                         | Date            | Value of the                  |
|          |                              |                                  |              |   |                   |                         |                 | property                      |
|          | Gateway Financia             | al Services. Inc.                |              | Current wage garnishment for repossessed 1999 |                   |                         |                 | <del></del>                   |
|          | Creditor's Name              | <u> Co. 1.1000,o.</u>            |              | Chevrolet Malibu                              |                   |                         |                 |                               |
|          | D. D                         |                                  |              | Explain what happ                             | ened              |                         |                 |                               |
|          | Po Box 3257<br>Number Street |                                  |              |   |                   |                         |                 |                               |
|          | Number Street                |                                  |              | Dana and source                               |                   |                         |                 |                               |
|          |                              |                                  |              | Property was re                               | •                 |                         |                 |                               |
|          |                              |                                  |              | Property was fo                               |                   |                         |                 |                               |
|          | Saginaw                      | Michigan                         | 48605        | Property was g                                |                   |                         |                 |                               |
|          | City                         | State                            | Zip Code     |   | ttached, seized,  | oi ieviea.              |                 |                               |
|          |                              |                                  |              |   | erty              |                         | Date            | Value of the property         |
|          | Gateway Financia             | Gateway Financial Services, Inc. |              |   | ibu               |                         |                 | <del></del> \$0               |
|          | Creditor's Name              |                                  |              |   |                   |                         |                 |                               |
|          | D D 22                       |                                  |              | Explain what happ                             | ened              |                         |                 |                               |
|          | Po Box 3257                  |                                  |              |   |                   |                         |                 |                               |
|          | Number Street                |                                  |              |   |                   |                         |                 |                               |
|          |                              |                                  |              | Property was re                               |                   |                         |                 |                               |
|          |                              |                                  |              | Property was fo                               |                   |                         |                 |                               |
|          | Saginaw                      | Michigan                         | 48605        | Property was g                                |                   |                         |                 |                               |
|          | City                         | State                            | Zip Code     | Property was a                                | ttached, seized,  | or levied.              |                 |                               |

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| Debt | or 1     | Chivon   |          | Adams                      | Case number (if known)         |                          |                     |
|------|----------|--|----------|----------------------------|--------------------------------|--------------------------|---------------------|
|      |          | First Name Middle Name   |          | Last Name                  |                                |                          |                     |
| 11.  |          | hin 90 days before you filed for bankruptcy,<br>ounts or refuse to make a payment because      |          |                            | pank or financial institution, | set off any amou         | ints from your      |
|      | <b>✓</b> | No<br>Yes. Fill in the details.  |          |                            |                                |                          |                     |
|      |          |  |          | Describe the action the    | e creditor took                | Date action was taken    | Amount              |
|      |          | Creditor's Name  |          |                            |                                |                          |                     |
|      |          | Number Street  |          | Last 4 digits of account r | number: XXXX-                  |                          |                     |
|      |          | City State Zip Code  |          |                            |                                |                          |                     |
|      |          | hin 1 year before you filed for bankruptcy, w<br>ointed receiver, a custodian, or another offi |          | of your property in the    | possession of an assignee f    | or the benefit of        | creditors, a court- |
|      | <b>✓</b> | No<br>Yes  |          |                            |                                |                          |                     |
| Part | 5-       | List Certain Gifts and Contribution  | <b>S</b> |                            |                                |                          |                     |
|      |          |  |          |                            |                                |                          |                     |
| 13.  | Wi       | ithin 2 years before you filed for bankruptcy,   | did yo   | ou give any gifts with a t | otal value of more than \$600  | per person?              |                     |
|      | <b>✓</b> |  |          |                            |                                |                          |                     |
|      | ш        | Yes. Fill in the details for each gift.  |          | Describe the gifts         |                                | Detection                | Value               |
|      |          | Gifts with a total value of more than \$600 per person   |          | Describe the gifts         |                                | Dates you gave the gifts | Value               |
|      |          |  |          |                            |                                |                          | <u></u>             |
|      |          | Person to Whom You Gave the Gift   |          |                            |                                |                          |                     |
|      |          | Number Street  |          |                            |                                |                          |                     |
|      |          | City State Zip Code  Person's relationship to you  |          |                            |                                |                          |                     |
|      |          | Person to Whom You Gave the Gift   | <u> </u> |                            |                                |                          |                     |
|      |          | Number Street  |          |                            |                                |                          |                     |
|      |          | City State Zip Code Person's relationship to you   |          |                            |                                |                          |                     |

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| Debtor | 1        | Chivon                                    |                         | Adams                              | Case number (if known       | )                  |                    |
|--------|----------|---|-------------------------|------------------------------------|-----------------------------|--------------------|--------------------|
|        |          | First Name                                | Middle Name             | Last Name                          |                             | ,                  |                    |
|        |          |   |                         |                                    |                             |                    |                    |
| 14. V  | Vitl     | nin 2 years before you filed              | for bankruptcy, did     | you give any gifts or contribut    | ions with a total value o   | f more than \$600  | to any charity?    |
|        | 7        | No  |                         |                                    |                             |                    |                    |
|        | <b>=</b> |   |                         |                                    |                             |                    |                    |
| Į.     | Ш,       | Yes. Fill in the details for each         | n gift or contribution. |                                    |                             |                    |                    |
|        |          | Gifts or contributions to c               | harities                | Describe what you contrib          | outed                       | Date you           | Value              |
|        |          | that total more than \$600                |                         |                                    |                             | contributed        |                    |
|        |          |   |                         |                                    |                             |                    |                    |
|        |          |   |                         | _                                  |                             |                    |                    |
|        |          | Charity's Name                            |                         |                                    |                             |                    |                    |
|        |          |   |                         | _                                  |                             |                    |                    |
|        |          |   |                         |                                    |                             |                    |                    |
|        |          | Number Street                             |                         | -                                  |                             |                    |                    |
|        |          | Number Street                             |                         |                                    |                             |                    |                    |
|        |          | 0:  | 7: 0 !                  | -                                  |                             |                    |                    |
|        |          | City State                                | Zip Code                |                                    |                             |                    |                    |
|        | ■.       |   |                         |                                    |                             |                    |                    |
| art 6  |          | List Certain Losses                       |                         |                                    |                             |                    |                    |
|        | am       | bling?<br>No<br>Yes. Fill in the details. | y Bannauptoy or on      | nce you filed for bankruptcy, dic  | a you lose unyumig see      | ause of their, me, | other disaster, or |
|        |          | Describe the property you                 | lost and                | Describe any insurance co          | overage for the loss        | Date of your       | Value of property  |
|        |          | how the loss occurred                     |                         | Include the amount that insur      |                             | loss               | lost               |
|        |          |   |                         | pending insurance claims or        |                             |                    |                    |
|        |          |   |                         | A/B: Property.                     |                             |                    |                    |
|        |          |   |                         | 7 V 2. 1 Topolty.                  |                             |                    |                    |
|        |          |   |                         |                                    |                             |                    |                    |
|        |          | No  | petition preparers, or  | credit counseling agencies for ser | rvices required in your bar | kruptcy.           |                    |
| Ŀ      |          | Yes. Fill in the details.                 |                         |                                    |                             |                    |                    |
|        |          |   |                         | Description and value of a         | any property                | Date payment       | Amount of          |
|        |          |   |                         | transferred                        |                             | or transfer        | payment            |
|        |          |   |                         |                                    |                             | was made           |                    |
|        |          | Semrad Law Firm                           |                         | Attorney's Fee - 350.00            |                             | 9/21/2016          | \$350.00           |
|        |          | Person Who Was Paid                       |                         | - Augricy 3 1 66 - 300.00          |                             | JIZ 1/2010         | ψοσο.σο            |
|        |          | 20 South Clark Street 28th Fl             | oor                     |                                    |                             |                    |                    |
|        |          | Number Street                             | UUI                     | -                                  |                             |                    |                    |
|        |          | Number Street                             |                         |                                    |                             |                    |                    |
|        |          |   |                         |                                    |                             |                    |                    |
|        |          | Objective and                             | 00000                   |                                    |                             |                    |                    |
|        |          | Chicago Illinois                          | 60606                   | -                                  |                             |                    |                    |
|        |          | City State                                | Zip Code                |                                    |                             |                    |                    |
|        |          |   |                         | _                                  |                             |                    |                    |
|        |          | Email or website address                  | · <u> </u>              |                                    |                             |                    |                    |
|        |          |   |                         | _                                  |                             |                    |                    |
|        |          | Person Who Made the Payme                 | ent, if Not You         |                                    |                             |                    |                    |
|        |          | •   |                         |                                    |                             |                    |                    |
|        |          |   |                         |                                    |                             |                    |                    |
|        |          | Person Who Was Paid                       |                         |                                    |                             |                    |                    |
|        |          |   |                         |                                    |                             |                    |                    |
|        |          | Number Street                             |                         |                                    |                             |                    |                    |
|        |          |   |                         | _                                  |                             |                    |                    |
|        |          |   |                         | -                                  |                             |                    |                    |
|        |          | 0'1                                       | 7: 0 :                  | -                                  |                             |                    |                    |
|        |          | City State                                | Zip Code                |                                    |                             |                    |                    |
|        |          |   |                         | -                                  |                             |                    |                    |
|        |          | Email or website address                  |                         |                                    |                             |                    |                    |
|        |          |   |                         |                                    |                             |                    |                    |
|        |          | Person Who Made the Payme                 | ont if Not You          |                                    |                             |                    |                    |

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| Deb | tor 1    | Chivon   |                        | Adams  | Case number (if known       | )  |                                 |
|-----|----------|--|------------------------|--|-----------------------------|--|---------------------------------|
|     |          | First Name   | Middle Name            | Last Name  |                             |  |                                 |
| 17. | help     | hin 1 year before you filed for you deal with your creditor not include any payment or trans.  No  Yes. Fill in the details. | rs or to make payments | s to your creditors?                             | our behalf pay or transfer  | any property to any                          | one who promised to             |
|     | ш        | res. I ili ili the details.  |                        |  |                             |  |                                 |
|     |          |  |                        | Description and value of transferred             | any property                |  | Amount of payment               |
|     |          | Person Who Was Paid  |                        |  |                             |  |                                 |
|     |          | Number Street  |                        |  |                             |  |                                 |
|     |          | City State   | Zip Code               |  |                             |  |                                 |
|     |          | Only State   | Zip Oodc               |  |                             |  |                                 |
|     |          | ude both outright transfers and sfers that you have already listed No Yes. Fill in the details.                              |                        |  |                             |  |                                 |
|     |          |  |                        | Description and value of<br>property transferred |                             | ny property or<br>received or debts pai<br>e | Date<br>id transfer was<br>made |
|     |          | Person Who Received Trans  | sfer                   |  |                             |  |                                 |
|     |          | Number Street  |                        |  |                             |  |                                 |
|     |          | City State<br>Person's relationship to you   | Zip Code               |  |                             |  |                                 |
|     |          | Person Who Received Trans  | sfer                   |  |                             |  |                                 |
|     |          | Number Street  |                        |  |                             |  |                                 |
|     |          | City State<br>Person's relationship to you   | Zip Code               |  |                             |  |                                 |
| 19. |          | hin 10 years before you filed<br>ese are often called asset-prot   |                        | ou transfer any property to                      | a self-settled trust or sim | ilar device of which y                       | ou are a beneficiary?           |
|     | <b>Y</b> | No<br>Yes. Fill in the details.  |                        |  |                             |  |                                 |
|     | Ц        | 103. I III III uie uetalis.  |                        | Description and value of                         | f the property transferre   | d  | Date<br>transfer was<br>made    |
|     |          | Name of trust  |                        |  |                             |  |                                 |

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| Debt | or 1        | Chivon First Name Middle Name  | Adams<br>Last Name                 | Case number (if known)  |  |
|------|-------------|--|------------------------------------|---|--|
| Part | 8-          | List Certain Financial Accounts, Inst  |                                    | xes, and Storage Units  |  |
| 20.  | Witl<br>mov | hin 1 year before you filed for bankruptcy, wer<br>ved, or transferred?                    | e any financial accounts or instr  | ruments held in your name, or for your benefit, c                             |  |
|      | <b>✓</b>    | No<br>Yes. Fill in the details.  |                                    |   |  |
|      |             |  | Last 4 digits of account number    | Type of account or instrument account was closed, sold, moved, or transferred | Last balance<br>before<br>closing or<br>transfer |
|      |             | Person Who Was Paid  | XXXX-                              | Checking Savings  |  |
|      |             | Number Street  |                                    | Money market Brokerage Other  |  |
|      |             | City State Zip Code  |                                    |   |  |
|      |             | Person Who Was Paid  | XXXX-                              | Checking Savings  |  |
|      |             | Number Street  |                                    | Money market Brokerage  |  |
|      |             |  |                                    | Other   |  |
|      |             | City State Zip Code  |                                    |   |  |
| 21.  |             | you now have, or did you have within 1 year beer valuables?  No  Yes. Fill in the details. | efore you filed for bankruptcy, an | ny safe deposit box or other depository for secu                              | rities, cash, or                                 |
|      |             |  | Who else had access to it?         | Describe the contents   | Do you still have it?                            |
|      |             | Name of Financial Institution  | Name                               |   | ☐ No<br>☐ Yes                                    |
|      |             | Number Street  | Number Street                      |   | _  |
|      |             | City State 7in Code  | City State Zip                     | Code  |  |
| 22.  | Hav         | City State Zip Code e you stored property in a storage unit or place                       | e other than your home within 1    | vear before you filed for bankruptcy?   |  |
|      |             | No<br>Yes. Fill in the details.  | ,                                  | ,,.   |  |
|      | Ш           | res. Fill lift the details.  | Who else had access to it?         | Describe the contents   | Do you still have it?                            |
|      |             | Name of Storage Facility   | Name                               |   | ☐ No<br>☐ Yes                                    |
|      |             | Number Street  | Number Street                      |   | ☐ 169  |
|      |             | City State Zip Code  | City State Zip                     | Code  |  |
|      |             | 5, Sidio Zip Oode  |                                    |   |  |

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| ebtor 1 |   |                       | Adams                          |                    | e number (if known)                       |                |
|---------|---|-----------------------|--------------------------------|--------------------|---|----------------|
|         | First Name Middle Name  |                       | _ast Name                      |                    |   |                |
| t 9:    | Identify Property You Hold or Cont  | rol for Son           | neone Else                     |                    |   |                |
| Do      | you hold or control any property that some  | one else owns         | s? Include any                 | r property you b   | orrowed from, are storing for, or hold in | trust for      |
|         | meone.  | 0.10 0.00 0 1111.     | or morado arr                  | , proporty your    |   |                |
|         | No  |                       |                                |                    |   |                |
| ř       | Yes. Fill in the details.   |                       |                                |                    |   |                |
| _       | receir in in the detaile.   | Where is              | the property?                  |                    | Describe the contents                     | Value          |
|         |   | Which care            | ine property.                  |                    | Describe the deficines                    | Value          |
|         | Owner's Name  | Number Sti            | eet                            |                    |   |                |
|         |   |                       |                                |                    |   |                |
|         | Number Street   |                       |                                |                    |   |                |
|         |   | City                  | State                          | Zip Code           |   |                |
|         |   | City                  | Siale                          | Zip Code           |   |                |
|         | City State Zip Code   |                       |                                |                    |   |                |
| t 10    | Give Details About Environmental  | Informatio            | n                              |                    |   |                |
|         |   |                       |                                |                    |   |                |
| the     | purpose of Part 10, the following definitions apply   | /:                    |                                |                    |   |                |
|         | Environmental law means any federal, state, or lo   |                       | -                              | • .                |   |                |
|         | nazardous or toxic substances, wastes, or materi<br>including statutes or regulations controlling the cl      | -                     |                                |                    |   |                |
|         |   | ·                     |                                |                    |   |                |
|         | Site means any location, facility, or property as de<br>or used to own, operate, or utilize it, including dis |                       | environmental                  | law, whether you   | now own, operate, or utilize it           |                |
|         |   | •                     |                                |                    |   |                |
|         | Hazardous material means anything an environm<br>toxic substance, hazardous material, pollutant, co           |                       |                                | us waste, hazard   | ous substance,                            |                |
|         | •   |                       |                                |                    |   |                |
| port    | all notices, releases, and proceedings that you kn  | now about, rega       | rdless of when                 | they occurred.     |   |                |
|         |   |                       | la an matamtia                 | Un liable constant | on in violetien of an aminemantal level   |                |
| Ha      | s any governmental unit notified you that yo  | и тау ре нар          | ie or potentia                 | ny nable under d   | or in violation of an environmental law?  |                |
| ✓       | No  |                       |                                |                    |   |                |
|         | Yes. Fill in the details.   |                       |                                |                    |   |                |
|         |   | Governme              | ental unit                     |                    | Environmental law, if you know it         | Date of notice |
|         |   |                       |                                |                    |   | Hotice         |
|         | Name of site  | Governmer             | ntal unit                      |                    |   |                |
|         |   | N                     |                                |                    |   |                |
|         | Number Street   | Number Str            | eet                            |                    |   |                |
|         |   | City                  | State                          | Zip Code           |   |                |
|         |   | Oity                  | Jiale                          | Zip Code           |   |                |
|         | City State Zip Code   |                       |                                |                    |   |                |
|         |   |                       |                                |                    |   |                |
| Ha      | ve you notified any governmental unit of any  | release of ha         | zardous mate                   | erial?             |   |                |
| Ha      | ve you notified any governmental unit of any  | y release of ha       | azardous mate                  | erial?             |   |                |
| Ha      | No  | / release of ha       | azardous mate                  | erial?             |   |                |
| Ha      |   |                       |                                | erial?             |   |                |
| Ha      | No  | y release of ha       |                                | erial?             | Environmental law, if you know it         | Date of        |
| Ha      | No  |                       |                                | erial?             | Environmental law, if you know it         | Date of notice |
| Ha      | No  |                       | ental unit                     | erial?             | Environmental law, if you know it         |                |
| Ha      | No Yes. Fill in the details.  Name of site  | <b>Governmen</b>      | ental unit<br>ntal unit        | erial?             | Environmental law, if you know it         |                |
| Ha      | No<br>Yes. Fill in the details.   | Governme              | ental unit<br>ntal unit        | erial?             | Environmental law, if you know it         |                |
| Ha      | No Yes. Fill in the details.  Name of site  | Governmer  Number Str | ental unit<br>ntal unit<br>eet |                    | Environmental law, if you know it         |                |
| Ha V    | No Yes. Fill in the details.  Name of site  | <b>Governmen</b>      | ental unit<br>ntal unit        | Zip Code           | Environmental law, if you know it         |                |

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| Deb  | otor 1   | Chivon                |                  |                     | Adams                         | Case                | number (if known)                                    |               |
|------|----------|-----------------------|------------------|---------------------|-------------------------------|---------------------|--|---------------|
|      |          | First Name            |                  | Middle Name         | Last Name                     |                     |  |               |
| 26.  | Hav      | e you been a party    | y in any judici  | al or administra    | tive proceeding under         | any environmenta    | al law? Include settlements and order                | s.            |
|      | <b>✓</b> | No                    |                  |                     |                               |                     |  |               |
|      |          | Yes. Fill in the deta | ails.            |                     |                               |                     |  |               |
|      | _        |                       |                  | (                   | Court or agency               |                     | Nature of the case                                   | Status of the |
|      |          |                       |                  |                     | J.                            |                     |  | case          |
|      |          | Case title            |                  |                     |                               |                     |  | Dec. Steel    |
|      |          |                       |                  |                     | Court Name                    |                     |  | Pending       |
|      |          |                       |                  | `                   | Sourtivamo                    |                     |  | On appeal     |
|      |          | Case number           |                  | 1                   | Number Street                 |                     |  | Concluded     |
|      |          |                       |                  | _                   |                               |                     |  | Concluded     |
|      |          |                       |                  | (                   | City State                    | Zip Code            |  |               |
| Dari | t 11:    | Give Details A        | hout Your        | Rusiness or         | Connections to Ar             | v Rusiness          |  |               |
| rail |          | Give Details F        | About Ioui       | Dusiness of         | Connections to Ar             | ly business         |  |               |
| 27.  | With     | nin 4 years before    | you filed for    | bankruptcy, did y   | you own a business or         | have any of the fo  | ollowing connections to any business                 | s?            |
|      |          | _                     |                  |                     |                               | -                   |  |               |
|      |          |                       |                  | -                   | rofession, or other activit   |                     | r part-time  |               |
|      |          |                       |                  | y company (LLC)     | or limited liability partners | ship (LLP)          |  |               |
|      |          | A partner in a        | partnership      |                     |                               |                     |  |               |
|      |          | An officer, dire      | ector, or manag  | jing executive of a | corporation                   |                     |  |               |
|      |          | An owner of a         | t least 5% of th | e voting or equity  | securities of a corporation   | n                   |  |               |
|      |          | No. None of the ab    | ove applies Go   | to Part 12          |                               |                     |  |               |
|      | Ħ        |                       |                  |                     | below for each business       |                     |  |               |
|      | ш        | ros. Oricon all triat | apply above al   |                     |                               |                     | Employer Identification n                            | umber De net  |
|      |          |                       |                  |                     | Describe the natu             | ire of the busines  | Employer Identification n include Social Security no |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          | Business Name         |                  |                     | _                             |                     | EIN:   |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          | Number Street         |                  |                     | _                             |                     | Dates business existed                               |               |
|      |          |                       |                  |                     | Name of account               | ant or bookkeepe    | Pr   |               |
|      |          | City                  | State            | Zip Code            | _                             |                     | From To  |               |
|      |          | •                     |                  |                     |                               |                     |  |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          |                       |                  |                     | Deceribe the net              | wa of the business  | Empleyer Identification n                            | umber De net  |
|      |          |                       |                  |                     | Describe the natu             | ire of the busines  | Employer Identification n include Social Security no |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          | Business Name         |                  |                     | -                             |                     | EIN:   |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          | Number Street         |                  |                     | Na.                           |                     | Dates business existed                               |               |
|      |          |                       |                  |                     | Name of account               | ant or bookkeepe    |  |               |
|      |          | City                  | State            | Zip Code            | _                             |                     | From To  |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          |                       |                  |                     | Describe the net              | iro of the business | Employer Identification                              | umbor Do not  |
|      |          |                       |                  |                     | Describe the natu             | II e OI THE DUSINES | Employer Identification n include Social Security no |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          | Business Name         |                  |                     | -                             |                     | EIN:   |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          | Number Street         |                  |                     | _                             |                     | Dates business existed                               |               |
|      |          | 2                     |                  |                     | Name of account               | ant or bookkeepe    | er   |               |
|      |          | City                  | State            | Zip Code            | _                             |                     | From To  |               |
|      |          | Oity                  | Cidio            | 21p 000e            |                               |                     |  |               |
|      |          |                       |                  |                     |                               |                     |  |               |
|      |          |                       |                  |                     |                               |                     |  |               |

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| Debtor   |   |                |                     | Adams                        | Case number (if known)  |
|----------|---|----------------|---------------------|------------------------------|---|
|          | First Name  |                | Middle Name         | Last Name                    |   |
|          | fithin 2 years before y editors, or other parti No Yes. Fill in the details | ies.           | oankruptcy, did yo  | u give a financial stateme   | nt to anyone about your business? Include all financial institutions,   |
| L        | Tes. Fill III the details   | b Delow.       |                     |                              |   |
|          |   |                |                     | Date issued                  |   |
|          | Nama  |                |                     | MM/DD/YYYY                   |   |
|          | Name  |                |                     | WIW/DD/TTTT                  |   |
|          | Number Street   |                |                     | =                            |   |
|          | Trainibol Guloct  |                |                     |                              |   |
|          | City  | State          | Zip Code            | _                            |   |
|          | _   |                | ,                   |                              |   |
| Part 12  | Sign Below  |                |                     |                              |   |
| true     | e and correct. I under<br>nkruptcy case can res                             | stand that n   | aking a false stat  | ement, concealing propert    | nts, and I declare under penalty of perjury that the answers are cy, or obtaining money or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          |   | re of Debtor 1 |                     |                              | Signature of Debtor 2   |
|          |   |                |                     |                              | Date  |
|          | Date 9  | /21/2016       |                     |                              |   |
| Did      | l you attach additiona  | I pages to Y   | our Statement of    | Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)?  |
|          | No  |                |                     |                              |   |
|          |   |                |                     |                              |   |
| ш        | Yes   |                |                     |                              |   |
| Did      | you pay or agree to p   | oay someon     | e who is not an att | orney to help you fill out b | ankruptcy forms?  |
| <b>\</b> | No  |                |                     |                              |   |
| 一片       | Yes. Name of person   |                |                     |                              | Attach the Bankruptcy Petition Preparer's Notice,   |
|          |   |                |                     |                              | Declaration and Signature (Official Form 110)   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |  |
|---|-------|--------------------|--|
| + | \$75  | administrative fee |  |
|   | \$310 | total fee          |  |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor:
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$398.76

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- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$88.76 for expenses, leaving a balance due of \$4,048.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Debtor(s)  |           | Attorney for Debtor(s) |  |
|------------|-----------|------------------------|--|
|            |           | /s/ Chris Pryor        |  |
| /s/ Chivon | Adams     |                        |  |
| Signed:    |           |                        |  |
| Date: 9    | 9/21/2016 |                        |  |

Do not sign if the fee amounts at top of this page are blank.

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B 203 (12/94)

#### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

|       |  | Northern District of I         | IIIIIOIS                              |                                |
|-------|--|--------------------------------|---------------------------------------|--------------------------------|
| In re | Chivon Adams   |                                | Case No.                              |                                |
|       | Debtor   |                                |                                       | (If known)                     |
|       |  |                                | Chapter                               | Chapter 13                     |
|       | DISCLOSURE OF CO   | MPENSATION OF                  | ATTORNEY FO                           | OR DEBTOR                      |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. that compensation paid to me within one services rendered or to be rendered on bis as follows: | year before the filing of the  | petition in bankruptcy, or a          | agreed to be paid to me, for   |
|       | For legal services, I have agreed to acco  | ept                            |                                       | \$4,000.0                      |
|       | Prior to the filing of this statement I hav  | e received                     |                                       | \$350.0                        |
|       | Balance Due  |                                |                                       | \$3,650.0                      |
| 2.    | The source of the compensation paid to   | me was:                        |                                       |                                |
|       | Debtor   | Other (specify)                |                                       |                                |
| 3.    | The source of the compensation paid to   | me is:                         |                                       |                                |
|       | <b>✓</b> Debtor  | Other (specify)                |                                       |                                |
| 4.    | I have not agreed to share the above members and associates of my law  |                                | th any other person unless            | s they are                     |
|       | I have agreed to share the above-dismembers or associates of my law fithe people sharing in the compensation                           | rm. A copy of the agreement    |                                       |                                |
| 5.    | In return for the above-disclosed fee, I had a. Analysis of the debtor's financial bankruptcy;   | -                              | · · · · · · · · · · · · · · · · · · · | · · ·                          |
|       | b. Preparation and filing of any petit   | tion, schedules, statements o  | f affairs and plan which m            | nay be required;               |
|       | c. Representation of the debtor at the   | ne meeting of creditors and co | onfirmation hearing, and a            | iny adjourned hearings thereof |
|       | d. Representation of the debtor in a   | dversary proceedings and oth   | her contested bankruptcy              | matters;                       |
| 6.    | By agreement with the debtor(s), the abo   | ove-disclosed fee does not in  | clude the following service           | es:                            |
|       |  |                                |                                       |                                |
|       |  | CERTIFICATION                  |                                       |                                |
|       | I certify that the foregoing is a complete s<br>ne debtor(s) in this bankruptcy proceeding   |                                | or arrangement for payme              | nt to me for representation    |
|       | 9/21/2016  |                                | /s/ Chris Pryor                       |                                |
|       | Date   |                                | Signature of Attorney                 |                                |
|       |  |                                | Semrad Law Firm                       |                                |
|       |  |                                | Name of law firm                      |                                |

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: | Adams, Chivon   | Case No                           |           |  |
|--------|---|-----------------------------------|-----------|--|
|        | Debtor(s)   | 0000 110.                         |           |  |
|        |   | Chapter.                          | Chapter13 |  |
|        | VERIFICATIO   | N OF CREDITOR MAT                 | RIX       |  |
|        | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. |                                   |           |  |
| Date:  | 9/21/2016   | /s/ Adams, Chivo                  | n         |  |
|        |   | Adams, Chivon<br>Signature of Deb |           |  |

Exeter Finance Corp P.O. Boxn 201347 Arlington , TX 76006 USA

ACS/COLLEGE LOAN CORP 10000 W Charleston Blvd Ste 200 Las Vegas , NV 89135 USA

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 USA

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 USA

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 USA

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 USA

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 USA

CCI 501 Greene Street # 302 Augusta , GA 30901 USA

CMRE. 877-572-7555 3075 E IMPERIAL HWY STE BREA , CA 92821 USA

CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON , WA 98057 USA

KOHLS/CAPONE PO Box 3004 Milwaukee , WI 53201 USA

STANISCCONTR 914 14TH ST POB 480 Case 16-30150 Doc 1 Filed 09/21/16 Entered 09/21/16 17:29:10 Desc Main Document Page 70 of 85

MODESTO , CA 95353 USA CCI 501 Greene Street # 302 Augusta , GA 30901 USA

FIRST PREMIER BANK Jefferson Capital Systems, LLC PO Box 7999 c/o Kelly Lukason Saint Cloud , MN 56302 USA

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 USA

CAPITAL ONE BANK USA N PO Box 71083 c/o Ashley Boswell Charlotte , NC 28272 USA

ATG CREDIT 1700 W CORTLAND ST STE 2 CHICAGO , IL 60622 USA

AT&T PO Box 105262 Atlanta , GA 30348 USA

Dish Network 9601 S Meridian Blvd Englewood , CO 80112 USA

Peoples Gas 200 E. Randolph Chicago , IL 60601 USA

RCN Telecom Services of Illinois 2640 W Bradley Pl Chicago , IL 60618 USA

JD Byrider 6539 Ogden Ave Berwyn , IL 60402 USA

Title Max 3101 W Grand Ave Waukegan , IL 60085 USA

Illinois Tollway PO Box 5544 Chicago , IL 60680 Case 16-30150 Doc 1 Filed 09/21/16 Entered 09/21/16 17:29:10 Desc Main Document Page 72 of 85

USA

Midwest Title Loans 2941 W 159th St Markham , IL 60428 USA

City of Lincoln 700 Broadway Street Lincoln , IL 62656 USA

City of Chicago - Dep't of Revenue PO Box 88292 Chicago , IL 60608 USA

Village of Bellwood 3200 Washington Blvd Bellwood , IL 60104 USA

Village of Schiller Park 9526 W Irving Park Rd Schiller Park , IL 60176 USA

Lendup 237 Kearny St. #372 San Francisco , CA 94108 USA

Green Stream Lending 8 Crestwood Rd Boulevard , CA 91905 USA

CHASE PO Box 15298 Wilmington , DE 19850 USA

Citi Bank 399 Park Avenue New York New York , NY 10043 USA

TCF 500 Joliet Rd. Willowbrook , IL 60527 USA

Payday Max 2868 N. State 7 Fort Lauderdale , FL 33313 USA

Spotloan P.O. Box 927 Palatine , IL 60078 Case 16-30150 Doc 1 Filed 09/21/16 Entered 09/21/16 17:29:10 Desc Main Document Page 74 of 85

USA

Macneal Hospital 3249 S Oak Park Ave Berwyn , IL 60402 USA

Gateway Financial Services, Inc. Po Box 3257 Saginaw , MI 48605 USA

Sprint P.O. Box 219554 Kansas City , MO 64121 USA

US Cellular Dept 0205 Palatine , IL 60055 USA

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

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# A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

# THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
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- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
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- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

# B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
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- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

## D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

## E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### E ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76

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- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| The state of the s |
|--|
| /s/ Chris Pryor  |
| Attorney for Debtor(s)   |
|  |

Do not sign if the fee amounts at top of this page are blank.

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| First Name   | Middle Name  | Last Name  |  |   |
|--|--|--|--|---|
| Part 6: Answer These C   | luestions for Reporting Purp   | oses   |  | · · · · · · · · · · · · · · · · · · ·   |
| 16. What kind of debts do you have?  | ☐ No. Go to line 16b. ☐ Yes. Go to line 17. 16b. Are your debts primar   | an individual primari<br>Fily business debts<br>iness or investment                                    | ly for a personal, fa  | amily, or household purpose."  are debts that you incurred to ration of the business or   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors | Yes. I am filing under Chapter 7 paid that funds will be ava   | '. Do you estimate that after  |  | s excluded and administrative expenses are  |
| 18. How many creditors do you estimate that you owe?   | <b>☑</b> 1-49  | 1,000-5,00<br>5,001-10,0<br>10,001-25  | 000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you estimate your assets to be worth?  | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | \$10,000,00<br>\$50,000,00   | 1-\$10 million<br>01-\$50 million<br>01-\$100 million<br>001-\$500 million                   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion   |
| 20. How much do you estimate your liabilities to be?   | □ \$0-\$50,000 ☑ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million  | \$10,000,00<br>\$50,000,00   | 1-\$10 million<br>01-\$50 million<br>01-\$100 million<br>001-\$500 million                   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion   |
| Part 7: Sign Below   |  |  |  |   |
| For you  | and correct.  If I have chosen to file under 11,12, or 13 of title 11, United choose to proceed under Cha If no attorney represents me me fill out this document, I have the control of th | Chapter 7, I am awa<br>I States Code. I unde<br>pter 7.<br>and I did not pay or<br>we obtained and rea | are that I may proce<br>erstand the relief ava<br>gree to pay some<br>and the notice require | that the information provided is true eed, if eligible, under Chapter 7, vailable under each chapter, and I one who is not an attorney to help ed by 11 U.S.C. § 342(b). es Code, specified in this petition. |
|  | I understand making a false s  | tatement, concealing<br>case can result in fi<br>152, 1341, 1519, and                                  | g property, or obtaines up to \$250,000  | ning money or property by fraud in b, or imprisonment for up to 20  Debtor 2  |

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| Fill in this info   | rmation to identify your cas  | e:  |  |   |  |                                 |
|---|---|---|--|---|--|---------------------------------|
| Debtor 1  | Chivon  |   | Adams  |   |  |                                 |
|   | First Name  | Middle Name   | Last Name  |   | PETROLOGICAL CONTROL C | 5 197. ann a                    |
| Debtor 2  |   |   |  |   |  |                                 |
| Spouse, if fil  | ing) First Name   | Middle Name   | Last Name  |   |  |                                 |
| Initad States   | Bankruptcy Court for the:   | Northern  | District of Illinois   |   |  |                                 |
| niled States  | bankruptcy Court for the.   | NORUREIT  | (State)  |   |  |                                 |
| ase number  | •   |   | (2)  |   |  |                                 |
| f known)  |   |   |  |   |  |                                 |
| )fficial  | Form 106De  | С   |  |   |  | Check if this is amended filing |
|   | ation About a   | <del></del>   | ebtor's Sch  | edules  |  | 12/1                            |
|   | people are filing togethe   |   | ······································   |   |  |                                 |
|   |   |   |  |   |  |                                 |
| u must file   | this form whenever you f  |   |  | s Making a false st   | atement concealing proper  | v or obtaining                  |
| oney or pro   | perty by fraud in connect   | ile bankruptcy schedules  | or amended schedule  |   | atement, concealing propert<br>prisonment for up to 20 year  |                                 |
| oney or pro   |   | ile bankruptcy schedules  | or amended schedule  |   |  |                                 |
| oney or pro<br>152, 1341, 1   | perty by fraud in connect<br>519, and 3571.   | ile bankruptcy schedules  | or amended schedule  |   |  |                                 |
| oney or pro<br>152, 1341, 1   | perty by fraud in connect   | ile bankruptcy schedules  | or amended schedule  |   |  |                                 |
| oney or pro<br>152, 1341, 1<br>art 1: Sig   | perty by fraud in connect<br>519, and 3571.   | ile bankruptcy schedules<br>ion with a bankruptcy ca                            | s or amended schedule<br>se can result in fines u  | p to \$250,000, or im   |  |                                 |
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| oney or pro<br>152, 1341, 1<br>art 1: Sig   | perty by fraud in connect<br>519, and 3571.<br>In Below   | ile bankruptcy schedules<br>ion with a bankruptcy ca                            | s or amended schedule<br>se can result in fines u  | p to \$250,000, or im   |  |                                 |
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| Did you  No Yes.  | perty by fraud in connect 1519, and 3571.  In Below  pay or agree to pay some  Name of person   | ile bankruptcy schedules<br>ion with a bankruptcy ca<br>one who is NOT an attor | s or amended schedule<br>se can result in fines u<br>ney to help you fill out<br>Attach Bankru,<br>Signature (Offi   | p to \$250,000, or im<br>bankruptcy forms?<br>otcy Petition Preparer<br>cial Form 119). | risonment for up to 20 year  |                                 |
| Did you  No Yes.  Under pthat they  | perty by fraud in connect     519, and 3571.   In Below     pay or agree to pay some     Name of person     enalty of perjury, I declare                                  | ile bankruptcy schedules<br>ion with a bankruptcy ca<br>one who is NOT an attor | s or amended schedule<br>se can result in fines u<br>ney to help you fill out<br>Attach Bankru,<br>Signature (Offi   | p to \$250,000, or im<br>bankruptcy forms?<br>otcy Petition Preparer<br>cial Form 119). | risonment for up to 20 year  |                                 |
| Did you  Did you  No Yes.  Under pethat they  | perty by fraud in connect 1519, and 3571.  In Below  pay or agree to pay some  Name of person  enalty of perjury, I declare are true and correct.                         | ile bankruptcy schedules<br>ion with a bankruptcy ca<br>one who is NOT an attor | or amended schedules can result in fines under the second result i | p to \$250,000, or im<br>bankruptcy forms?<br>otcy Petition Preparer<br>cial Form 119). | risonment for up to 20 year  |                                 |
| Did you  Did you  Ves.  Under pethat they  Signature  | perty by fraud in connect     1519, and 3571.     10 Below     10 pay or agree to pay some     Name of person     enalty of perjury, I declare     on Adams     of Debtor | ile bankruptcy schedules<br>ion with a bankruptcy ca<br>one who is NOT an attor | or amended schedules can result in fines under the second result i | bankruptcy forms?  otcy Petition Preparer cial Form 119).  led with this declara        | risonment for up to 20 year  |                                 |
| oney or pro 152, 1341, 1 Part 1: Sig Did you  No Yes.  Under p that they Signature Date 9/2 | perty by fraud in connect     1519, and 3571.     10 Below     10 pay or agree to pay some     Name of person     enalty of perjury, I declare     on Adams     of Debtor | ile bankruptcy schedules<br>ion with a bankruptcy ca<br>one who is NOT an attor | or amended schedules can result in fines under the second result i | bankruptcy forms?  otcy Petition Preparer cial Form 119).  led with this declara        | risonment for up to 20 year  |                                 |

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| **********                                      |   |  |                                | <del></del>                     |                    |
|---|---|--|--------------------------------|---------------------------------|--------------------|
| First Name                                      | Middle Name   | Last Name  |                                |                                 |                    |
| 28. Within 2 years before creditors, or other p | re you filed for bankruptcy, did<br>parties.  | you give a financial stater  | nent to anyone about your bu   | siness? Include all financial i | nstitutions,       |
| ✓ No<br>Yes. Fill in the de                     | etails below.   |  |                                |                                 |                    |
|   |   | Date issued  |                                |                                 |                    |
| Name  |   | MM/DD/YYYY   |                                |                                 |                    |
| Number Stree                                    | et  | and the second s |                                |                                 |                    |
| City  | State Zip Code  |  |                                |                                 |                    |
| Part 12: Sign Below                             |   |  |                                |                                 |                    |
| true and correct. I un                          | ers on this Statement of Finance<br>derstand that making a false st<br>result in fines up to \$250,000, o | tatement, concealing prop  | erty, or obtaining money or pr | roperty by fraud in connectior  | rs are<br>n with a |
| <b>*</b>  | s/ Chivon Adams   | )  | ×                              |                                 |                    |
|   | ature of Debtor 1   |  | Signature of Debtor 2          |                                 |                    |
| Date  | 9/21/2016   |  | Date                           |                                 |                    |
| Did you attach addition                         | onal pages to Your Statement o  | of Financial Affairs for Indi  | viduals Filing for Bankruptcy  | (Official Form 107)?            | i                  |
| <b>☑</b> No                                     |   |  |                                |                                 |                    |
| Yes   |   |  |                                | ·                               |                    |
| Did you pay or agree                            | to pay someone who is not an  | attorney to help you fill ou   | t bankruptcy forms?            |                                 |                    |
| <b>✓</b> No                                     |   |  |                                |                                 |                    |
| Yes. Name of person                             | on  |  |                                | y Petition Preparer's Notice,   |                    |
|   |   |  | Declaration, and Sign          | nature (Official Form 119).     |                    |

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|        |   | UNITED S                              | TATES BANKRUPTCY CO               | URT                                    |                            |
|--------|---|---------------------------------------|-----------------------------------|--|----------------------------|
|        | Safe.                                   | No                                    | orthern District of Illinois      |  |                            |
|        | *************************************** | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                   | *** ********************************** |                            |
| In re: | Adams, C                                | hivon                                 | Case No                           |  |                            |
|        | Deb                                     | tor(s)                                |                                   |  |                            |
|        |   |                                       | Chapter                           | Chapter                                | 13                         |
|        | The above named Debto                   | ors hereby verify that                | the attached list of creditors is | true and correct to the                | ne best of their knowledge |
| Date:  | 9/21/2016                               |                                       | /s/ Adams,                        |  | 7                          |
|        |   |                                       | Adams, Ch<br>Signature o          |  |                            |
|        |   |                                       | Signature c                       | II Deutoi                              |                            |

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| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  17. How do the lines compare?  17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).  17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.  2nt 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)  2nt 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)  2nt 3: Calculate Your total average monthly income from line 11.  2nt 3: Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19a.  2nt 3: Subtract line 19a from line 18.  2nt 4.  2nt 4.  2nt 4.  2nt 5.  2nt 6.  2nt 7.  2nt 7.  2nt 7.  2nt 8.  2n |       | First Name Middle Name  | Last Name                      | •  |  | 1 - 10 - 1 - 10 - 10 - 10 - 10 - 10 - 1 |
|--|-------|---|--------------------------------|--|--|---|
| 16a. Fill in the state in which you live.  16b. Fill in the number of people in your household.  2  16c. Fill in the madian family income for your state and size of household  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the benforuptcy clerk's office.  17. How do the lines compare?  17a.   | 16.   | Calculate the median family income that applies to y  | ou. Follow these steps:        | And the second s | to the second se |   |
| 16c. Fill in the median family income for your state and size of household To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the benkruptcy clerk's office.  17. How do the lines compare?  18. I line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under fit U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable income (Official Form 122C-2).  18. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under fit U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.  18. Copy your total average monthly income from line 11.  19. Doduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you the deduct part of your spou |       | 16a. Fill in the state in which you live.   | Illinois                       |  | 1 (10 (10 m) 10 m) (10  | -                                       |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the beniruptcy clerk's office.  17. How do the lines compare?  17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).  17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.  Part 3:  Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)  18.  Copy your total average monthly income from line 11.  19.  Deduct the marital adjustment if it applies. If you are maried, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19a.  19b. Subtract line 19a from line 18.  20c. Calculate your current monthly income for the year. Follow these steps:  20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form.  20c. Copy the median family income for your state and size of household from line 16c.  21. How do the lines compare?  22. Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  2art 4: Sign Below  By signing here, I declare under papally of polyury that the information on this statement and in any attachments is true and correct.  32. Interest of Debtor 1  23. Signature of Debtor 2  24. MM/ |       | 16b. Fill in the number of people in your household.  | 2                              |  |  |   |
| 17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 3125(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable income (Official Form 122C-2).  17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.  2art 3:  Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)  18.  Copy your total average monthly income from line 11.  19.  Deduct the marital adjustment if it applies. If you are maried, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  19a.  If the marital adjustment does not apply, fill in 0 on line 19a.  20b. Subtract line 19a from line 18.  21c. Calculate your current monthly income for the year. Follow these steps:  20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form.  22c. Copy the median family income for your state and size of household from line 16c.  22. How do the lines compare?  V Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  2art 4:  Sign Below  By signing here, I declare under penalty of paljury that the information on this statement and in any attachments is true and correct.  X /s/ Chivon Adams  Signature of Debtor 2  Date MM/DD/YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.  |       | To find a list of applicable median income amounts,   | , go online using the link sp  | pecified in the separate ins   | structions for this form. This list  | \$63,896.00                             |
| 17 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).  17b.   | 17.   | How do the lines compare?   |                                |  |  |   |
| 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.  251 261culate Your Committeent Period Under 11 U.S.C. §1325(b)(4)  278 280 281 281 282 (b)(4) allows you for a married, your spouse is not filling with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  281 282 (b) (a) allows you for deduct part of your spouse's income, copy the amount from line 13.  283 284 285 285 286 286 287 288 288 288 288 289 289 299 209 200 200 200 201 201 201 201 202 203 203 204 205 205 205 206 207 207 208 208 208 209 208 208 209 208 209 208 209 208 208 209 208 209 208 208 209 208 208 209 208 208 209 208 208 209 208 208 208 208 208 208 209 208 208 208 208 208 208 208 208 208 208  |       | Sawani  |                                |  |  |   |
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| commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19a.  19b. Subtract line 19a from line 18.  20. Calculate your current monthly income for the year. Follow these steps:  20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form.  20c. Copy the median family income for your state and size of household from line 16c.  21. How do the lines compare?  I Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.  2art 4: Sign Below  By signing here, I declare under penalty of petiury that the information on this statement and in any attachments is true and correct.  2 if Notivon Adams  3 ignature of Debtor 1  2 if you checked 17a, do NOT fill out or file Form 122C-2.  | 18.   | Copy your total average monthly income from line 1  | 1                              | the transfer of the three transfer of the tran | et van de van de van de van de van de van de verde van de v  | \$1,950.24                              |
| 19b. Subtract line 19a from line 18.  20. Calculate your current monthly income for the year. Follow these steps:  20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form.  20c. Copy the median family income for your state and size of household from line 16c.  21. How do the lines compare?  Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.  Sign Below  By signing here, I declare under penalty of peliury that the information on this statement and in any attachments is true and correct.  X /s/ Chivon Adams  Signature of Debtor 1  Date 9/21/2016  MM/DD/YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.   | 19.   | - · · · ·   |                                |  | •  |   |
| 20. Calculate your current monthly income for the year. Follow these steps:  20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form.  20c. Copy the median family income for your state and size of household from line 16c.  21. How do the lines compare?  Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.  Sign Below  By signing here, I declare under penalty of penjury that the information on this statement and in any attachments is true and correct.  X /s/ Chivon Adams Signature of Debtor 1  Date 9/21/2016 MM//DD/YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.  |       | 19a. If the marital adjustment does not apply, fill in 0 on lin   | ne 19a.                        |  | N.C. A W. G. V. G. V. G. V. D. V   | -\$0.00                                 |
| 20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form.  20c. Copy the median family income for your state and size of household from line 16c.  21. How do the lines compare?  Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.  2art 4: Sign Below  By signing here, I declare under penalty of poliury that the information on this statement and in any attachments is true and correct.  **X Isl Chivon Adams**  Signature of Debtor 1  Date 9/21/2016  MM//DD/YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.   |       | 19b. Subtract line 19a from line 18.  |                                |  |  | \$1,950.24                              |
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| Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.  Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.    Signature of Debtor 1   Signature of Debtor 2  |       | 20c. Copy the median family income for your state and size  | ze of household from line 16   | 6c.  |  | \$63,896.00                             |
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| By signing here, I declare under penalty of petiury that the information on this statement and in any attachments is true and correct.     Sign Below  |       |   | ed by the court, on the top o  | of page 1 of this form, che  | ck box 3, The commitment   |   |
| By signing here, I declare under penalty of petijury that the information on this statement and in any attachments is true and correct.     ** /s/ Chivon Adams  |       | Notes of the Control | erwise ordered by the court    | t, on the top of page 1 of t   | his form, check box 4, The   |   |
| Signature of Debtor 1  Date 9/21/2016 MM/DD/YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.   | art 4 | : Sign Below  |                                |  |  |   |
| Signature of Debtor 1  Date 9/21/2016  MM/DD/YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.  |       | By signing here, I declare under penalty of penjury that  | at the information on this sta | atement and in any attach  | ments is true and correct.   |   |
| Date 9/21/2016 Date MM/DD/YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.   |       | 🗶 /s/ Chivon Adams  | *                              |  |  |   |
| MM/DD/YYYY  If you checked 17a, do NOT fill out or file Form 122C-2.   |       | Signature of Debtor 1   | Si                             | gnature of Debtor 2  |  |   |
| If you checked 17a, do NOT fill out or file Form 122C-2.   |       |   | Da                             |  |  |   |
|  |       | MM/DD/YYYY  |                                | MM/DD/YYYY   |  |   |
|  |       |   |                                | at form, copy your current i   | monthly income from line 14 abo  | ove.                                    |